

GETAWAY SKIING THE ROCKIES

SEP 1977-APRIL 1978

The
New England
Journal of Medicine

Crest

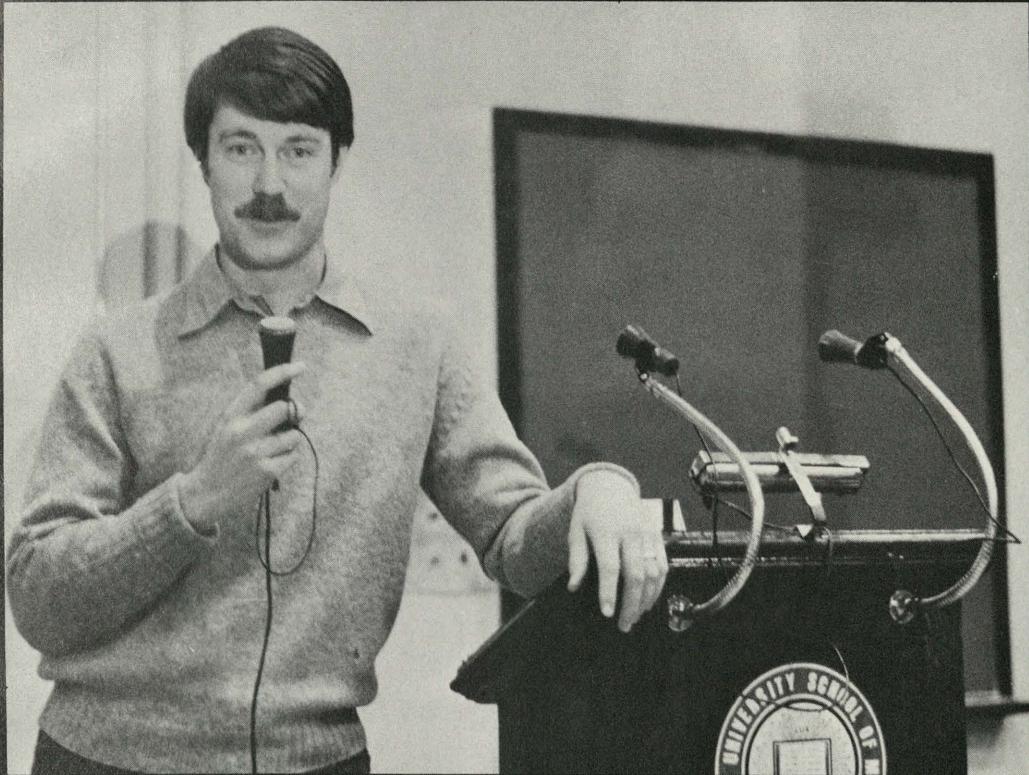
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LEXAM
LOOR/EX
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CAPITAL BUILDING

YALE ALONE

Indiana University School Of Medicine 1978



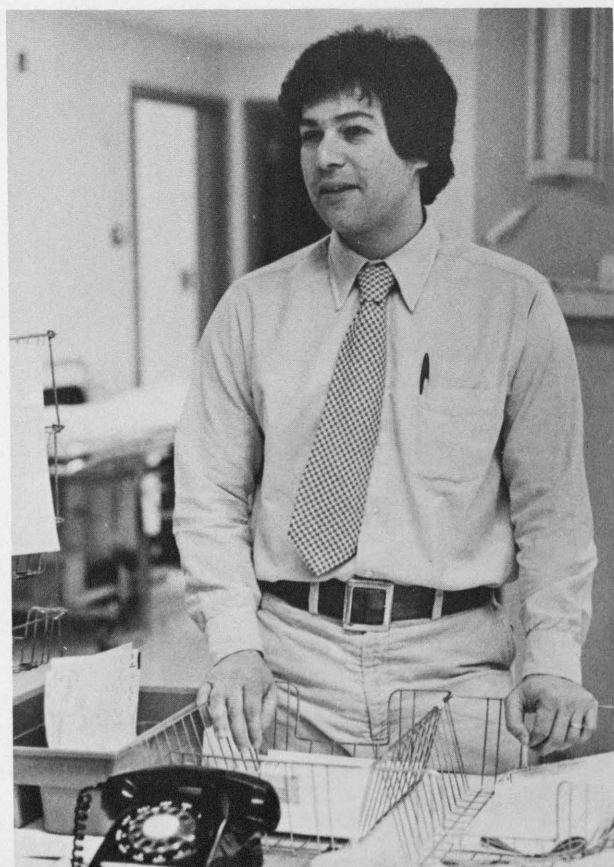
Hath not a medical student eyes?
Hath not a medical student hands,
organs, sizes, dimensions, senses,
affections, passions? Fed with the
same food, hurt with the same
weapons, subject to the same diseases,
healed by the same means, warmed
and cooled by the same winter
and summer as a human being.
If you prick us do we not bleed,
if you tickle us do we not laugh,
if you poison us do we not die,
and if you wrong us shall we
not revenge?
(Adapted from *MERCHANT OF VENICE*,
Act III, Scene I, Shakespeare.)

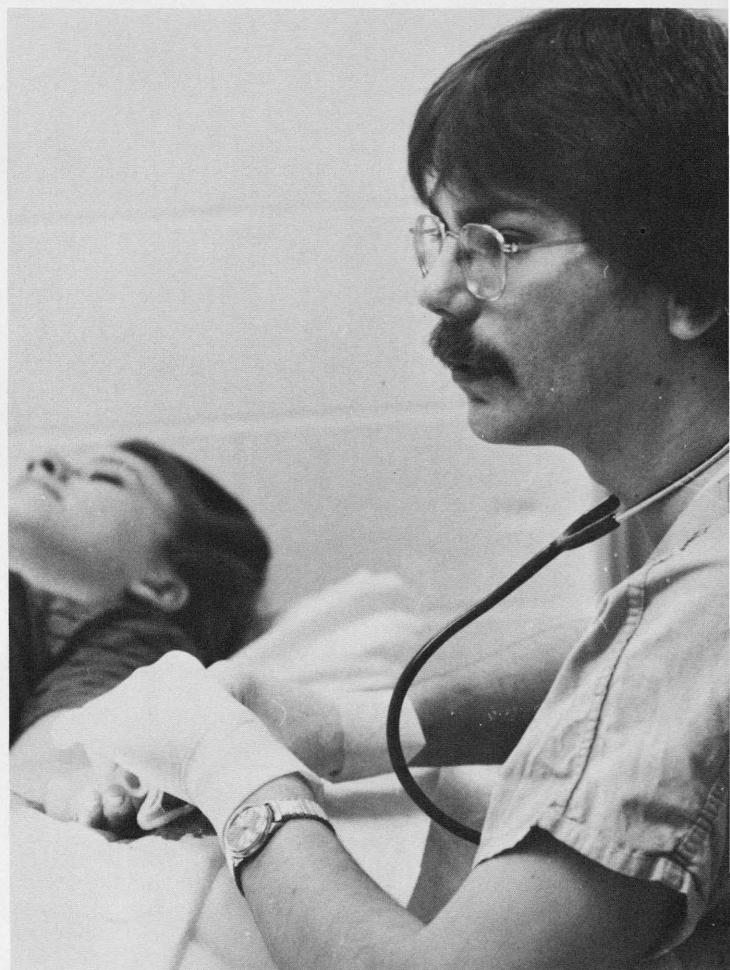
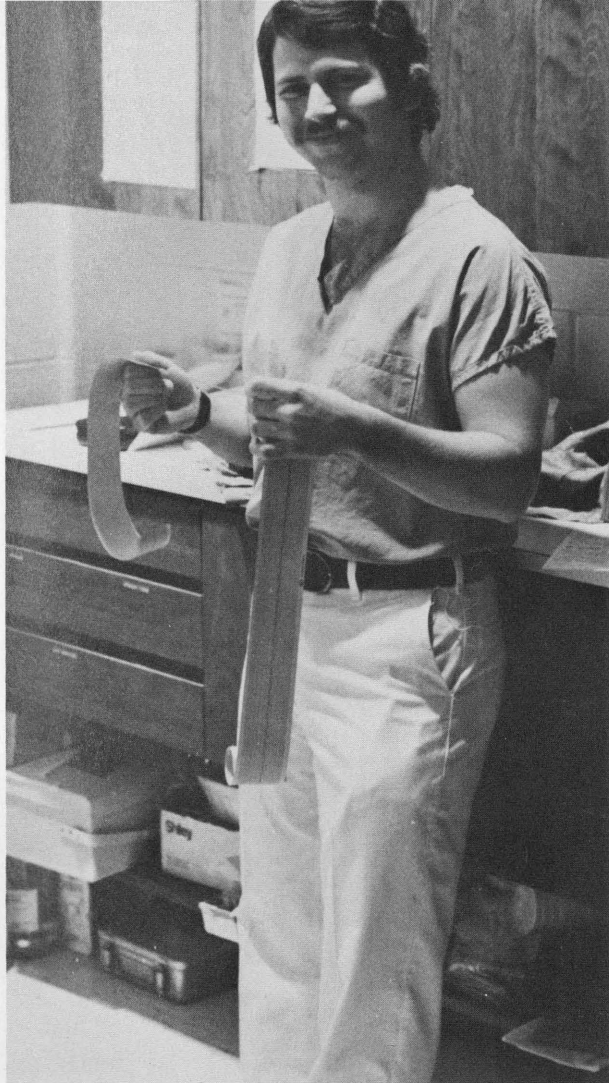




Whoever is to acquire a competent knowledge of medicine, ought to be possessed of the following advantages: a natural disposition; instruction; a favorable position for the study; early tuition; love of labor; leisure. First of all, a natural talent is required; for, when Nature opposes, everything else is in vain; but when Nature leads the way to what is most excellent, instruction in the art takes place which the student must try to appropriate to himself by reflection, becoming an early pupil in a place well adapted for instruction. He must also bring to the task a love of labor and perseverance, so that the instruction taking root may bring forth proper and abundant fruits.

. . . Hippocrates





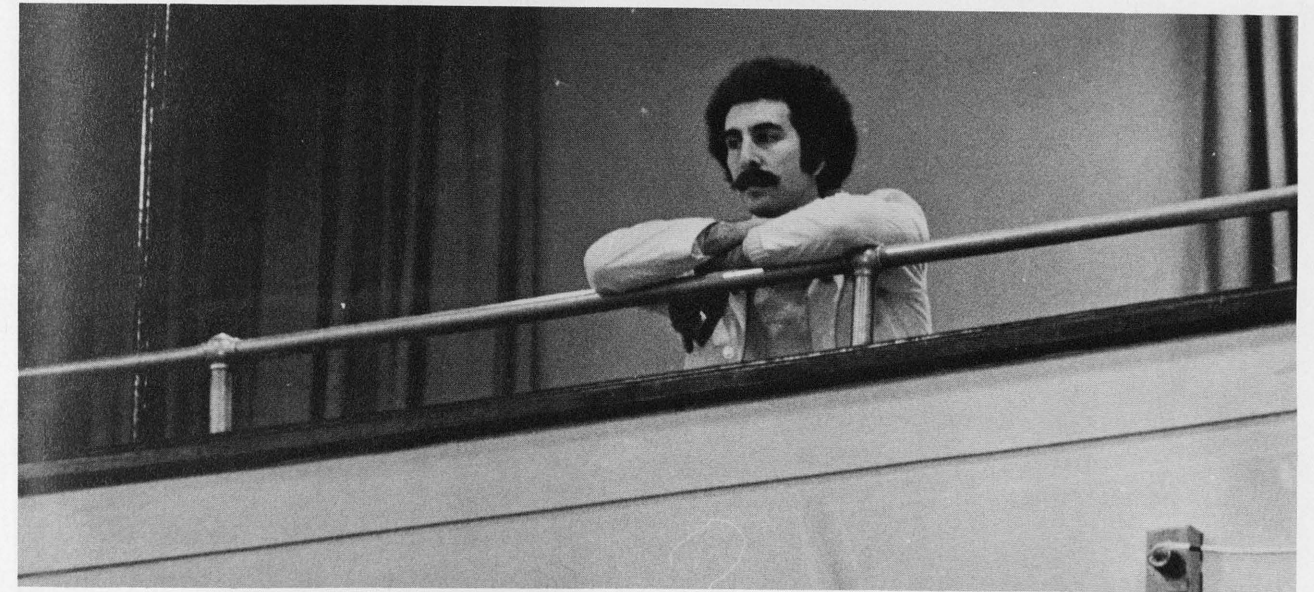
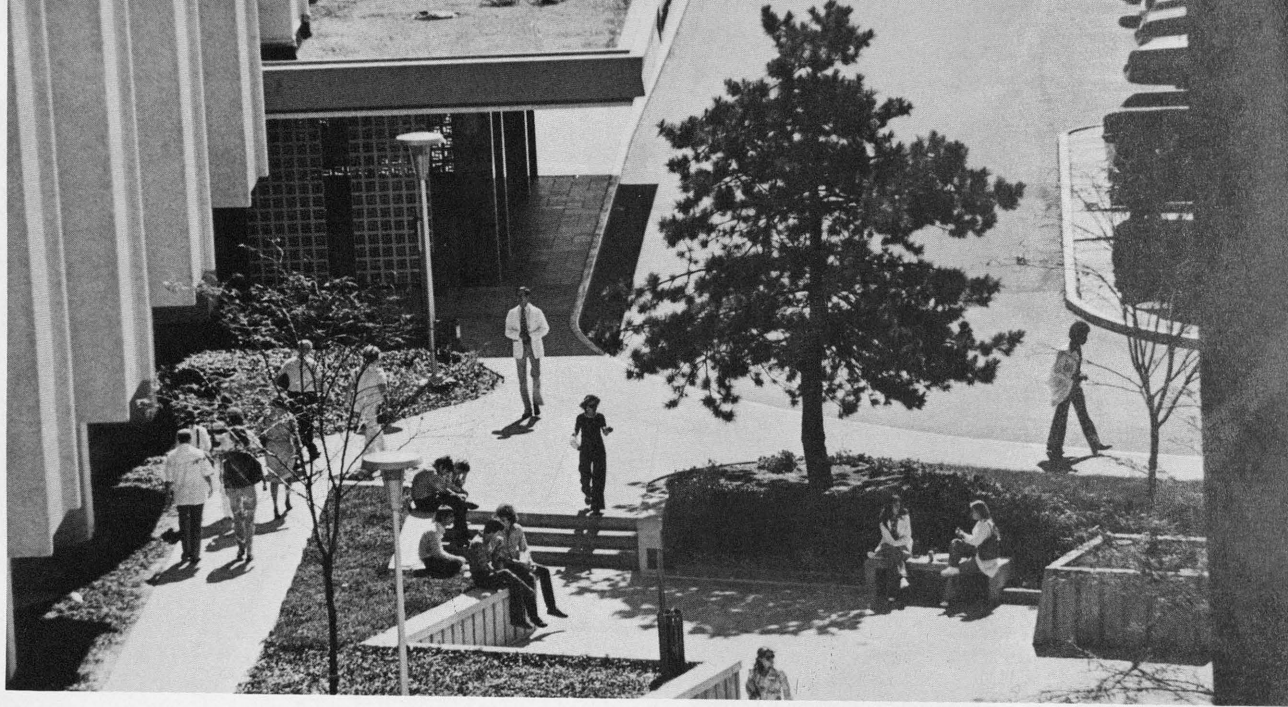
When the Heart Goes Bolshevik

The aftermath of sudden withdrawal of alcohol, of increased indulgence in tobacco, coffee, etc., of the sequelæ of influenza, augmented nervous and mental tension, is being manifested by marked increase in cases of cardiac irritability and neurosis. Many hearts beat irritably and with lessened force. So-called stimulation is of doubtful and dangerous efficiency.

Anasarcin Tablets supply a safe, dependable, non-cumulative action and effect, strengthening the beat, prolonging diastole, without contracting the arterioles. **Anasarcin Tablets** slow down and regulate the heart and exert marked diuretic action. Invaluable in the treatment of ascites, anasarca, exophthalmic goitre, albuminuria in pregnancy, post-scarlatinal nephritis, etc.

Samples and literature on request

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Winchester, Tenn.



"Class of '78 School Song"

Take me out to the Board Game,
 Kick us out in a crowd.
 Give us some pencils
 and five days off
 Raise it ten more,
 What the hell, we ain't soft!
 Oh, I pray, pray, pray
 that I pass it.
 If we don't pass it's a shame.
 For it's one, two,
 three flunks, "You're out!"
 At the old Board Game.





Know then thyself, presume not God to scan,
The proper study of mankind is man.
Placed on this isthmus of a middle state,
A being darely wise, and rudely great:
With too much knowledge for the sceptic side,
With too much weakness for the stoic's pride,
He hangs between; in doubt to act, or rest;
In doubt to deem himself a god, or beast;
In doubt his mind or body to prefer;
Born but to die, and reasoning but to err;
Alike in ignorance, his reason such,
Whether he thinks too little, or too much:
Chaos of thought and passion, all confused;
Still by himself abused, or disabused;
Created half to rise, and half to fall;
Great lord of all things, yet a prey to all:
Sole judge of truth, in endless error hurled:
The glory, jest, and riddle of the world!

. . . Alexander Pope



"Conditions heretofore considered hopeless frequently clear up under proper treatment with internal secretions as if by a miracle, astounding and gratifying to both patient and doctor."

—Garretson.

The "Run-Down" States

notably malnutrition, asthenia, general debility, pre-senility, and functional disorders in general, are invariably characterized by metabolic disorders. In these conditions the effect of

PROTONUCLEIN

(Thyroid-Thymus-Spleen-Pancreas-Stomach-Salivary-Lymphatics-Brain)

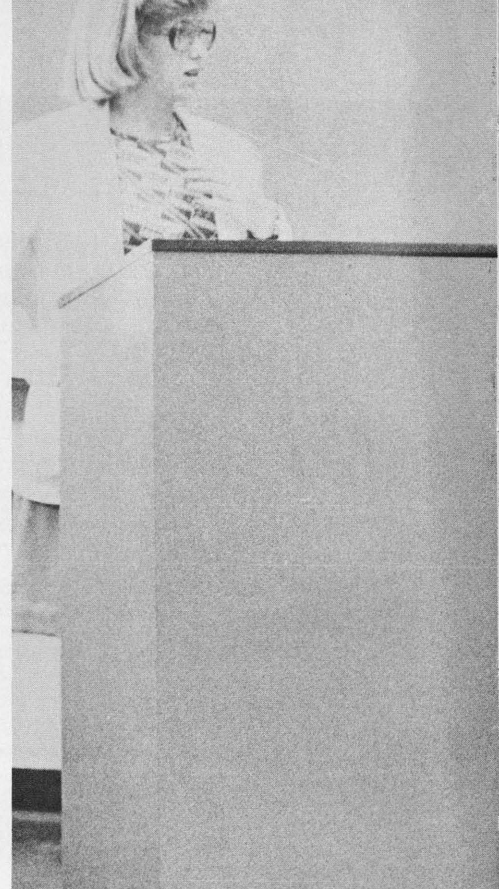
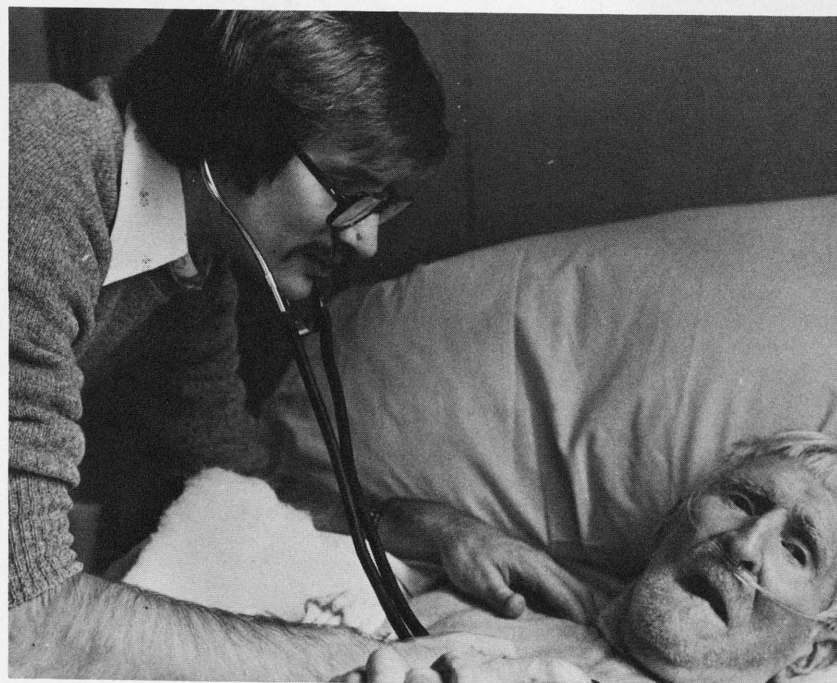
is often that of a specific. The internal secretory system is regulated, the nutrition is improved, and there is an increase in functional activity throughout the body. Thus Protonuclein overcomes morbid tendencies and restores the physiologic balance of the organism.

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A trial bottle will convince you

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Disease is of antiquity and nothing about it changes. It is we who change as we learn to recognize what was formerly imperceptible.

. . . Jean Martin Charcot

As not only the disease interested the physician, but he was strongly moved to look into the character and qualities of the patient . . . He deemed it essential, it would seem, to know the man, before attempting to do him good.

. . . Nathaniel Hawthorne

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Polyvalent proteins of non-toxic plant origin,
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PROTEOGENS stimulate the cytogenic mechanism to higher activity; therefore, indirectly cleave the invading micro-organisms and eliminate their special toxins.

PROTEOGENS swing the disturbed metabolism back to normal.

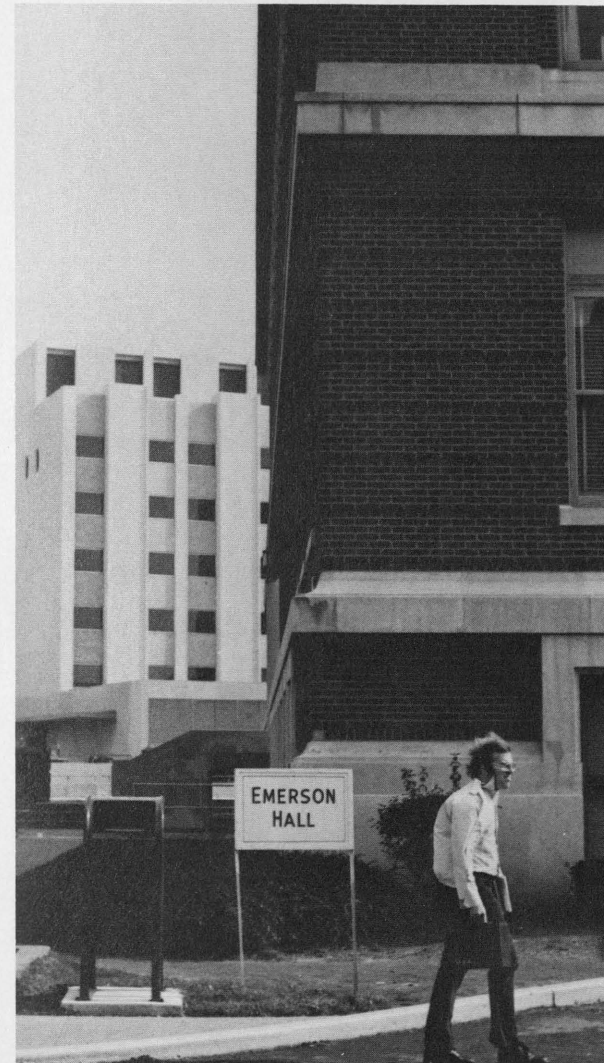
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| No. 1 — For Cancer | No. 5 — For Dermatitis |
| No. 2 — For Rheumatism | No. 6 — For Chlorosis |
| No. 3 — For Tuberculosis | No. 7 — For Secondary Anemia |
| No. 4 — For Hay Fever and
Bronchial Asthma | No. 8 — For Pernicious Anemia |
| | No. 9 — For Goitre |

PROTEOGENS are prepared only in our Biochemic Laboratories, under the personal supervision of the originator, Dr. A. S. Horovitz.

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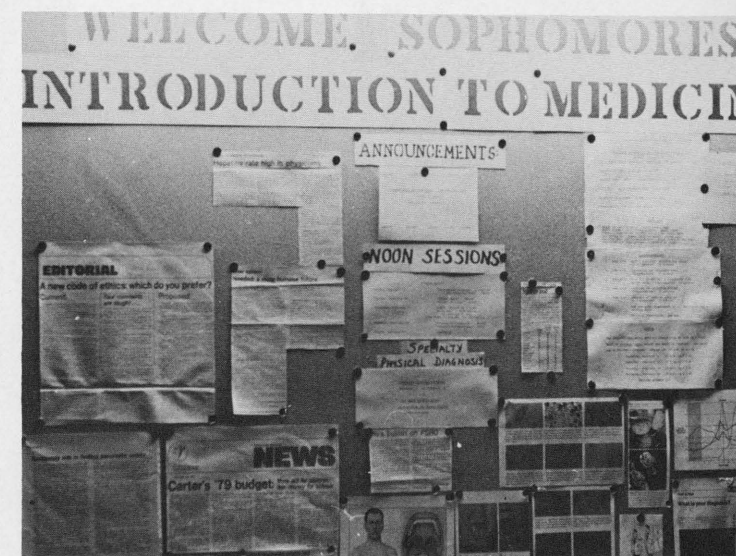




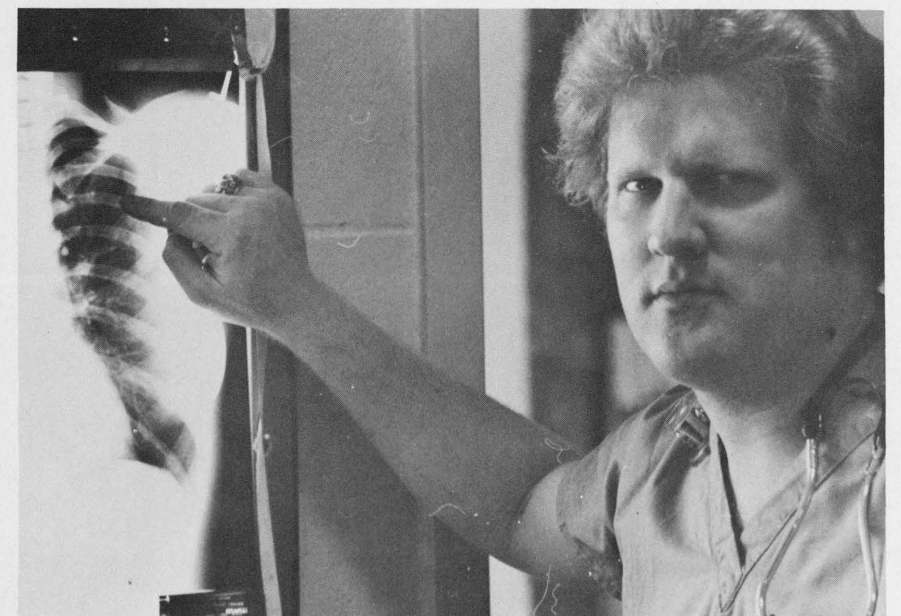
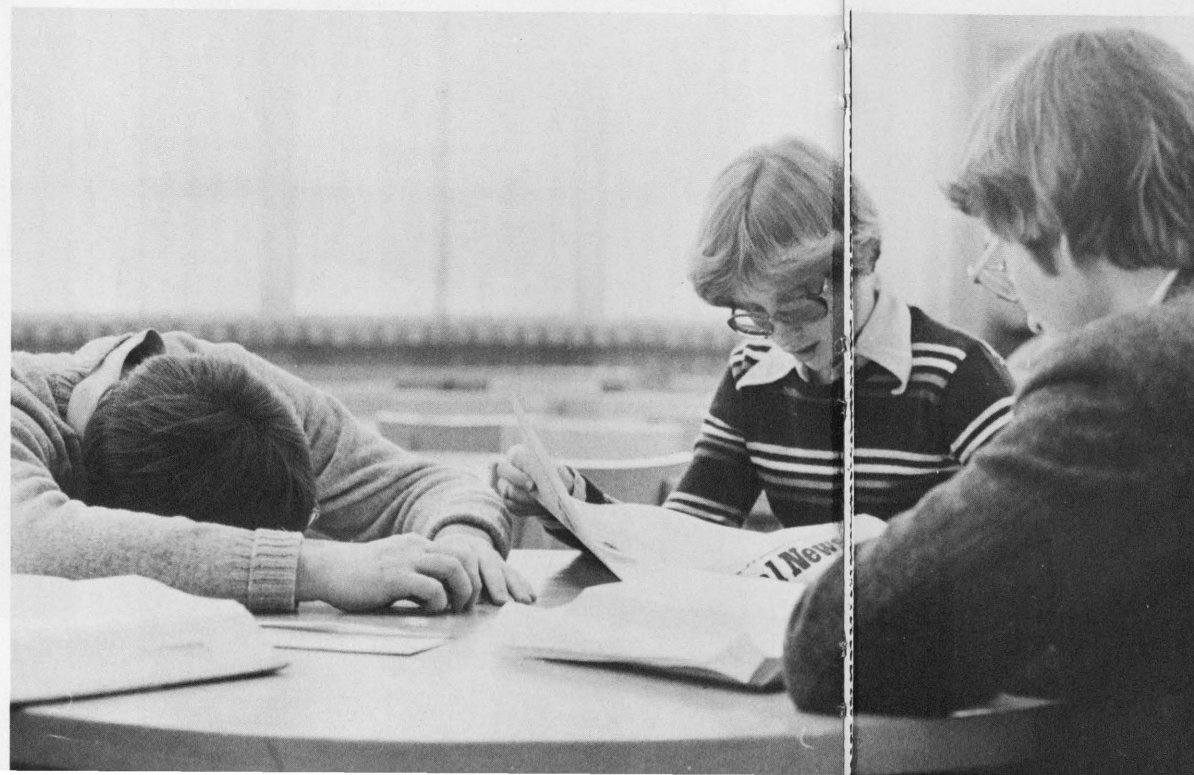
It's a Matter of Lubrication

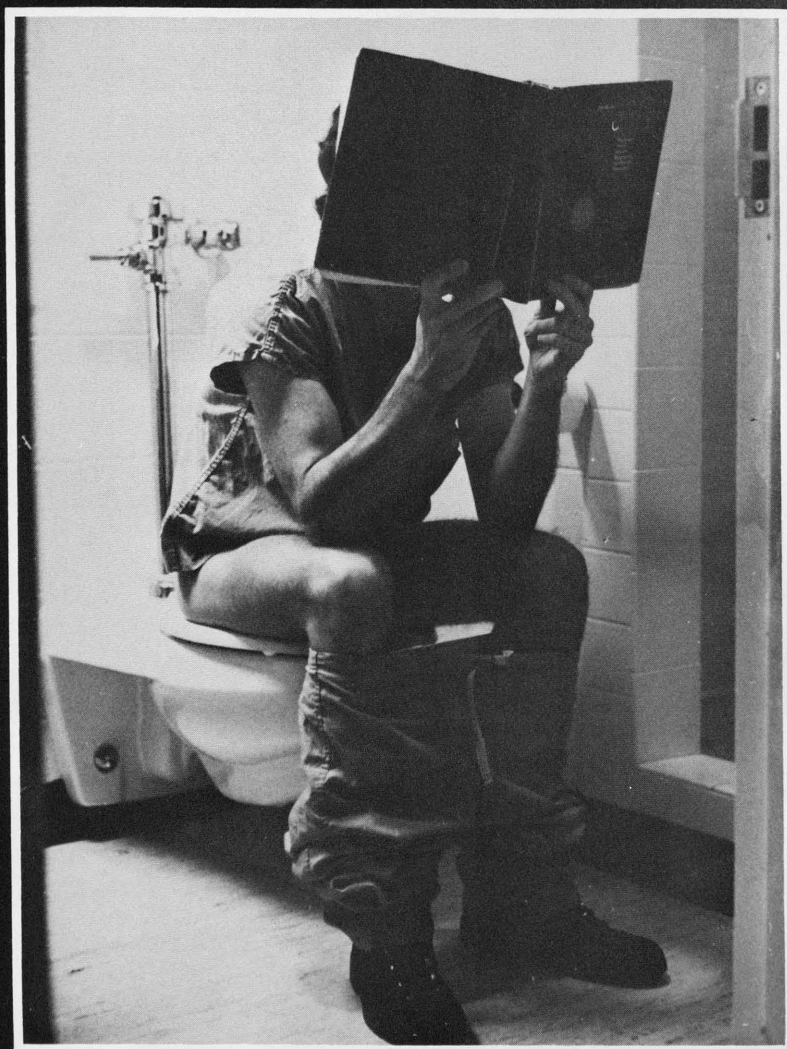
Purgatives or Laxatives don't cure Constipation. Salts or Mineral Waters don't overcome stasis. Enemata can't prevent or remove auto-toxemia. But Nujol softens and renders the fecal mass plastic, facilitates and encourages peristalsis, absorbs and removes toxins, and thus helps to overcome constipation—stasis—auto-toxemia. Nujol trains the bowels to act naturally and adequately. Nujol assists Nature, instead of hindering her. Samples of Nujol and interesting booklets on request.

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With regard to sleep - as is usual with us in health, the medical student should wake during the day and sleep during the night. If this rule be anywise altered it is so far worse . . . but the worst of all is to get no sleep either night or day; for it follows from this symptom that the insomnolency is connected with sorrow and pains, or that he is about to become delirious.
 . . . adapted from Hippocrates





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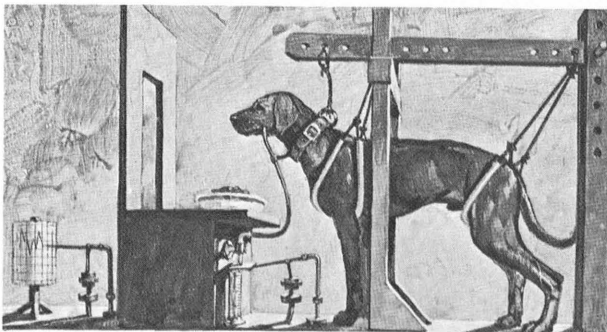
New Toilet Seats for the Prevention of Syphilis.

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Original Articles

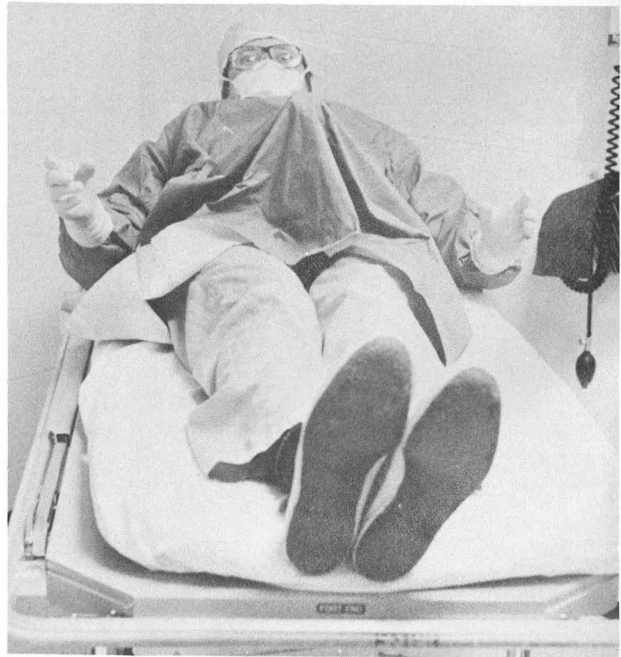
SUBJECT RESERVOIR FOR DOG SURGERY: DUNN MEADOW MUTANTS

During World War II the U.S. Government sponsored a research project at I.U. Bloomington to test the effects of genetic irradiation and administration of chemical mutagens on medium sized animals. About 600 purebred and mongrel dogs were used as the test samples and they were afterwards released on campus to evaluate progression of after effects. The results so far indicate that these dogs have remarkably long lifespans and develop few of the stigmata of aging; however, most of the dogs have acquired mild to moderate deformities and still emit variable levels of gamma radiation. (The I.U. students have affectionately named these creatures "Dunn Meadow Mutants" because of their tendency to congregate in Dunn Meadow, a grassy mall on the I.U. campus, and their characteristic appearance.) Our experience with these animals in the Medical Center dog labs has proven them to be especially hardy subjects, often surviving 3 or 4 experiments before they succumb. Although 4% of medical student experimenters have received lethal doses of radiation (only significant to the 0.04 Peon level) in today's world of soaring medical costs we feel this new reservoir of dog lab subjects should be tapped to its fullest potential.



IT'S YOUR MOVE!

But for many patients, their move never comes. For one reason or another (age, guilt, depression, etoh, etc.) they cannot "complete the pass". As one patient put it: "There's no lead in the pencil".



TRY STIFFERINE

University studies have proven the effectiveness of STIFFERINE to combat flaccidity in the male. In fact, one study (unpublished) noted increased libido in female subjects (who were accidentally given the drug).

Dosage: (Adults only) 1 tablet, q4h prior to the wild act. (Use 1/2 tablet when racehorse siring is the goal). Contraindications and warnings: Be CAREFUL!!! Use in males already erect has resulted not in growth, but in severe damage to the male organ! There is one case of glans explosion!

From your friends at PLACIBA

CROTCH CRICKETS DISCOVERY AND ELIMINATION

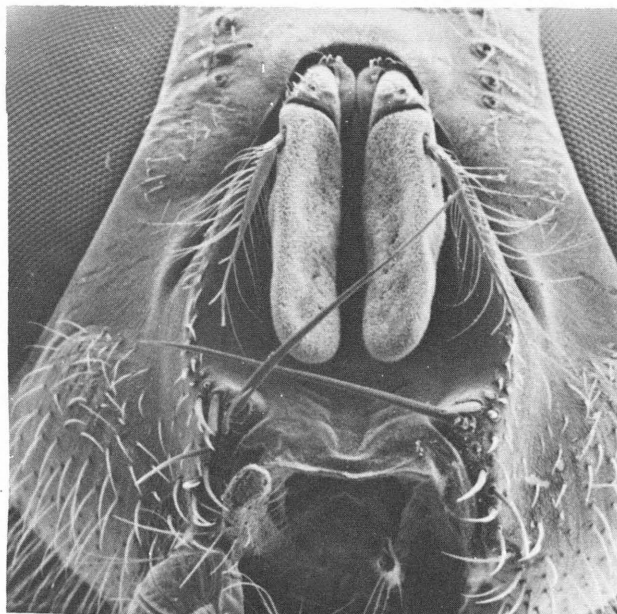
Of all the vermin that stalk mankind, none is more persistent, evil, or dreaded than *P. pubis*, a.k.a. the pubic louse, crotch crickets. Knowing no geographical or social limits, this elusive beast defies man's every attempt to rid himself of it. This report shall relate a new method of banishing the bugs.

Methods of Study

Emergency Rooms of the lesser Indianapolis area were contacted and asked to notify the "Crotch Cricket Hotline" whenever a suitable patient crossed the threshold. In the study were 88 patients of various racial, sexual and ethnic backgrounds. We tested a new form of extermination in 44 patients, which were randomly chosen. In this method, one-half of the pubic area is shaved. Sterno was spread about the remaining area in a dose of 1 gram per square foot. After igniting the petroleum product, the little rascals could be seen running for shelter. At that time, the clinician was able to skewer the devils with an ice pick.

Results and Discussion

The study was successful on several counts. Primarily, the parasites were eliminated quite well in the selected group (the control group did not fare so well, as they still kept the beasts). Very few parasites were left completely untouched in the selected group. Secondly, the treated group had a zero recurrence rate after six months of follow-up. Thirdly, very few dared to call upon the places in the study for treatment of pests, freeing the staff for more enjoyable pursuits. Thus it is proposed that this method of elimination of the dangerous *P. pubis* is safe, economical, and accepted by patient and practitioner alike.



HERE TODAY . . . WHERE TOMORROW?

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1. accident
2. death
3. health
4. troublesome illnesses

We have a policy to cover you in any situation that may arise!! Our claims have included: death after eating hospital food, laceration by knitting needle during lecture, dermatitis caused by wearing cheap honor society jewelry, and infection from bites from patients.

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Special Articles

As you know, when the nations' 200th birthday was celebrated, good-hearted, red-blooded Americans everywhere were using the media to remind everyone of our illustrious history. Class notes were no different as we shall now revisit the events which shaped American medical history 200 years ago.

It was on October 7, 1775 that a Dover, Delaware general practitioner coined the most famous phrase in medicine when awakened by courier at 2:34 A.M. It seemed that one of his patients, Miss Judy Talcanbaum, was suffering from abdominal distress due to the ensuing birth of her 15th child. Dr. Walter Smidgeon told the courier to tell Miss Talcanbaum to "take two aspirin and call me in the morning." Upon returning to bed, Dr. Smidgeon realized what he had done and immediately went downstairs to his laboratory to invent aspirin, a compound heretofore unknown to medical science. And that's the way it was on October 7, 1775, two hundred years ago.

On October 15, 1775, the then fledgling AMA released information that the chastity belt could possibly be hazardous to the health of females. Walter Schlupps, the president of the AMA at that time said in a candid interview, "There has been some evidence reported to us that metal intoxication has become a problem, and perhaps the localized vasoconstriction due to the belt may be causing circulatory problems in the lower extremities and those were factors in causing us to lobby for the outlaw of their use. Actually the biggest problem for us here at Massachusetts General has been that the nurses are always losing their keys." And that's the way it

was on October 15, 1775, two hundred years ago.

On October 22, 1775, landmark surgery was performed in Manchester, New Hampshire thanks to a misunderstanding involving Dr. John Leadthorn, a ubiquitous defendant in malpractice court. A man, who had been shot by the British soldiers, was brought into the hospital and immediately rushed to surgery. Dr. Leadthorn began the operative procedure but as was typical of his performances, he quickly ran into trouble. As he quizzed the other members of the surgical staff for possible ideas to save the patient's life a young intern, prone to speaking out of turn, said, "What we should do is get rid of Lead . . ." The intern was unable to finish the sentence because an alert scrub nurse, who was rumored to be having an affair with Dr. Leadthorn, slapped her hand over the young physician's mouth. While everyone else was temporarily shocked into silence, Dr. Leadthorn's face suddenly lit up. He quickly reached for a hemostat and dug deep into the wound and lifted the lead bullet from the chest of the patient. The rest of the surgery was unremarkable and the patient had an uneventful recovery. From that moment forward the treatment of choice for bullet wounds has been to "get the lead out." And that's the way it was on October 22, 1775, two hundred years ago.

On October 29, 1775, Sir Henry Dibucaine released the first report on toxicology ever in American medical history. Sir Dibucaine had been sent by King George III of England to investigate the possibilities that some drug was responsible for the strong resistance to his rule in the colonies.

A Bicentennial Salute

Sure enough, Sir Dibucaine found that many of the younger persons in the colonies often sought refuge from the difficult times by smoking an herb imported from South America. To prove that this drug acted upon the cerebral centers to make the Americans more antagonistic to King George III, Sir Dibucaine developed the following experiment. He produced a powerful hybrid plant and gave it to volunteers (and there were many!) to see if they became more hostile to the English after smoking this hybrid plant. A sample from the questionnaire given to the subjects after administration of the drug will bear out that Sir Dibucaine was indeed on the right track.

"The war could be ended if:

- a) the colonies stopped their illegal, nonsensical resistance to the King
- b) King George III wasn't such a hemorrhoid"

The results showed that 7% answered A and that 74% answered B. Interestingly enough, 19% did not fill out their questionnaire for after administration of the hybrid plant they became so ravenously hungry that they ate their examination papers!

Immediately upon receiving Sir Dibucaine's report, King George III passed a law making this drug illegal in the colonies. But it was too late, the drug had taken the colonies by storm and particularly among the underground, rarely a day went past when some young persons hung around the street corner in Boston and said, "Hey man, let's do a Dibucaine number." And that's the way it was on October 29, 1775, two hundred years ago.

On November 5, 1775 the first recorded case of successful corrective orthopedic surgery occurred in the colonies. The operation was performed

by a physician from the western part of the colonies who, according to legend, was a great surgeon but was rumored never to stay in one place too long.

Harold Greenstick, a scout for the colonial army, had fallen off a 17.37 meter cliff and shattered his femur and tibia. He was admitted to Massachusetts General Hospital and miraculously the nomadic surgeon turned up to perform the operation. He worked quickly and efficiently and the patient reported that he felt little, if any, pain during the procedure. Although anesthesia had not yet been invented for surgical usage, it was common practice to attempt to sedate the patient with ethanol, 200mg Jack Daniels IV. was the usual dosage.

After the enormously successful operation the surgeon and his assistant, still in their OR garb, came to the recovery room to look in on their still groggy patient.

"How are you felling now," asked the surgeon.

"OK, I think. I am a little groggy still but my leg already feels much better," Harold Greenstick replied.

The surgeon smiled and turned to his assistant, "Torso, our work here is done."

As they quickly slipped out of the room Harold Greenstick looked on in awe. He then turned to a nurse and said, "Hey, I never did catch that doctor's name. Who is that masked man?"

"Oon't you know," the nurse replied, "that's the Bone Arranger!"

And that's the way it was on November 5, 1775, two hundred years ago.

Medical Progress

PRIMER FOR DOG SURGERY OR DOG SURGERY IN NINE EASY STEPS

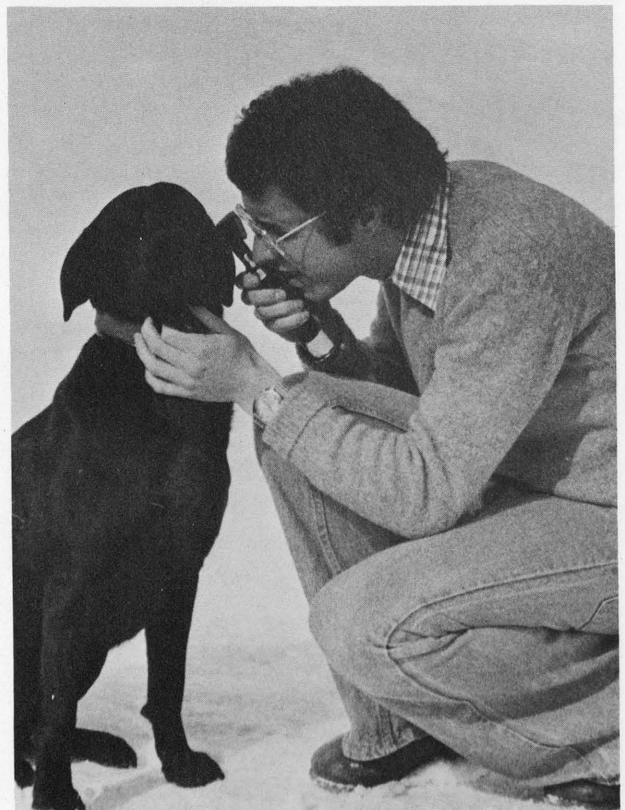
- (1) Approach dog from behind cautiously, knowing he is awaiting results from a pre-op enema.
- (2) Direct your fellow student to the front of the dog to capture the dogs' attention.
- (3) Meanwhile, quietly peel off three feet of "Never-Twist" and "Forever-Bound" adhesive tape.
- (4) With one continuous sleek movement, pounce on the dog from behind and immobilize his temporomandibular joint with three feet of adhesive tape. Word to the wise: don't allow the mongrel's tongue to slip out of its' mouth during this maneuver, as it may cause inadvertent tongue clipping.
- (5) Do not allow the dogs' painful pleading yelps for mercy dissuade you from performing your task.
- (6) Upon completion of this procedure, point your dogs' jowls in the direction of your professor to avoid being bitten.
- (7) Next assign each student to an individual leg. The standard "drawing out of the hat" (recently popularized by the Medical Student Selection Committee) can be used effectively.

Grab the dog . . . better yet, instruct your partner to grab the dog. Assign your other partner to grab one foreleimb, squeezing the leg with a tourniquet-like effect. Assign the remaining lab partner to inject the sedative intravenously. After injecting the calculated dosage, and observing that the canines' extremity is twice its' normal size, cover your ears. Exit the lab for five minutes to avoid the heart stabbing whines of pain as the drug extravasates into the surrounding tissue. (In the event this should ever happen in the human surgical theatre, preface your departure with a tactful remark, such as "time to go pee-pee" or "that Bran Diet

makes these long cases impossible.'').

If the dog is still writhing and cursing after five minutes (and particularly if he says things like "Oh Lordy" and "Grrrr-ooo-www-upp-eeeeeee-yip-yip-" or "Ouch!"), assume the sedative has not been absorbed. (At this point you may decide to use some STUNADOG in a convenient .22 caliber intracranial bolus).

- (8) Watch for the relaxed muscle state (RMS), characterized by the triad of drooping ears, limp extremities, and sphincter relaxation (this is why someone else should be holding the dog).
- (9) At this point the dog should be in Stage III anesthesia and you are prepared to go on with the lab. However, if the dog slipped into Stage V anesthesia your lab experience is over, also be sure to choose new partners for next week's dog lab.



Medical Intelligence

THE BEESON-ANDREWS SYNDROME

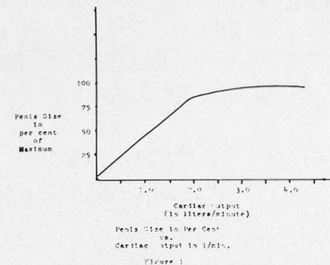
The Beeson-Andrews syndrome is a clinical entity described as syncope which occurs at the time of sexual arousal and maximal penile volume (of men so equipped). Previous reports of this entity have failed to describe who is at risk and, in fact, to show the mechanics involved. The following report will illustrate the analysis done on the subject.

Patients and Methods

A SELECT group of twenty "wild, crazy fellows" agreed to drop their trousers for medical research (they also needed cash for the FLEX). In order to achieve the proper atmosphere, a group of "wild women" (who also needed many drachmas for a national exam) were assembled; they were to provide refreshments, show slides, ET CETERA. Blood flow was measured in the carotid artery and penile artery using the Doppler device. Cardiac output was measured using the modified Fick method.

Results

As we (and the literature) knew, the syncope was due to the shunting of blood from its "normal" pathway, and into the cavernosa of the penis. This is demonstrated in figure 1, which compares cardiac output and % of maximal penis size, at time of excitement. Figure 2 demonstrated the blood flow, to cerebral cortex compared to penile flow. Here we see the shunt in action as the penile blood flow increases at the expense of the cerebral blood flow.



Discussion

Thus, this study has brought forth data which graphically shows the cause of the paradoxical syncope one sees during expression of the Beeson-Andrews Syndrome. This paper does not attempt to evaluate the hypothesis that certain exotic coital positions have an abnormally high potential of reducing cerebral blood flow to the critical level. (It is felt that belief in this hypothesis may have been responsible for enactment of laws restricting legal positions for coitus.) This paper also did not try to demonstrate the actual (versus self-reported) incidence of this syndrome in the population. However, grant money should not be hard to come by for study of these interesting facets of the syndrome as this is such a fertile field of investigation.

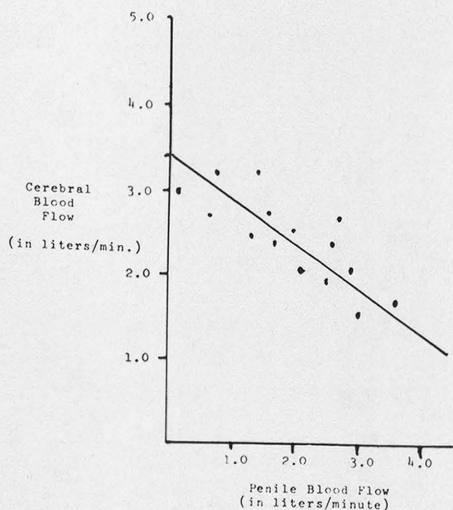


Figure 2

National Bored Mini-Testes

These are type XX questions. So choose any response that might have any bit of truth, or any that might confuse you. Just remember that your entire future is at your pencil (#2, of course) tip. We've got you by the short and curlies!!

1. Which of the following would be the proper enema order for a 44 year old seen in the E.R. complaining of constipation?
 - a. One Fleets STAT, then again at home if no results.
 - b. One S.S. enema q8h until clear.
 - c. One part Ex-Lax, two parts mineral oil qAM.
 - d. One HIGH, HOT, HELLUVALOT, STAT, may repeat X2.
2. You are called to restart an I.V. on a 40 year old lady receiving D5W at K.O. rate. It is 3:00 AM (Greenwich Mean Time). Proper response should be . . .
 - A. D/C I.V.
 - b. Use an 18 guage intracath post curare, the latter used because the patient does not want an I.V.
 - c. Hang up, resume sleep.
 - d. All of the above.
3. You awaken at 6:00 AM and find yourself snowed in. As a 3rd year medical student on the Medicine service, you should . . .
 - a. Risk frostbite and loss of auto trying to get to Wizard.
 - b. Call "Nanuck's Dog Sled Taxi Service".
 - c. Go back to sleep.
 - d. Make a mad dash for the last available flight to Hawaii.
4. While attending a Dean's Hour (WHAT?) presentation, an associate suddenly jumps to his feet and shouts: "You've raised your last pass level"! As he begins to run toward the podium, you should . . .
 - a. Spear the upper outer quadrant of his left buttock with a syringe loaded with Haldol 5mgs.
 - b. Pretend you do not know this disturbed fellow.
 - c. Caution those asleep beneath the balcony to watch for a falling object.
 - d. Help this fine fellow lead the pack bent on tarring and feathering the Dean.
5. The Dibucaine number . . .
 - a. Represents the number of ring structures in dimethyl chicken wire.
 - b. Is the number to call for a good massage.
 - c. Divided by the inverse of the current temperature in Kelvin, reveals the new NBE pass level.
 - d. Represents the amount of normal saline in ml's used to cure headaches in the Emergency Room.

6. To some, attending Medical School is like attempting to have intercourse with a pachyderm, in that . . .
- You must aim high.
 - You must make sure the beast doesn't roll over on you.
 - You must wait four years for the final results.
 - If the beast defecates on you, you know it.
 - All of the above.
7. (To see if you were paying attention) The dibucaine number really is . . .
- something smoked by young clinicians.
 - something done in the 1940's by Ginger Rogers and Fred Astaire.
 - Flemish for "Dial-A-Prayer".
 - a racket controlled by the mob.
 - obtained by dividing serum iron concentration by the number of years Nixon was president.
 - one of the many nebulous points taken out of this journal.
 - any two of the above (N.B. marking this response means you don't know what the hell you're doing).

Send your answer sheet, along with two (2) Krugerands, and one pint of type "O" blood. Results will be mailed promptly.



After taking your basic science courses, you would feel most competent in treating which of the following clinical situations?

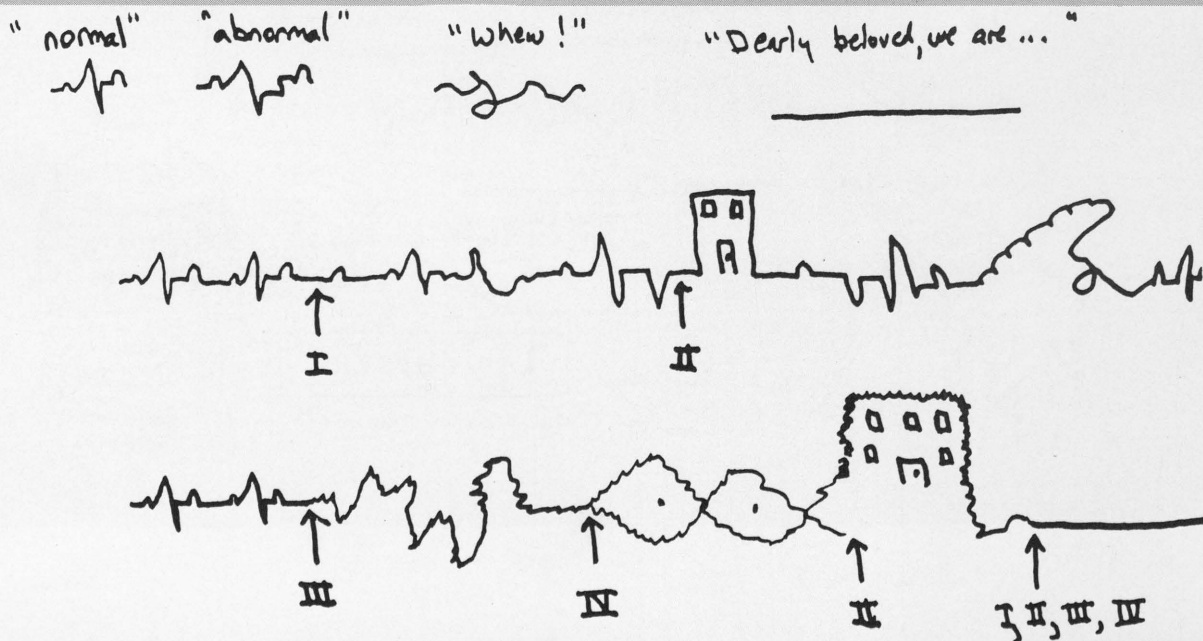
- Doing surgery upon anesthetized dogs who (until you cut on them) have no apparent illness.
- Treating Kangaroo Rats who are only excreting a urine of 1,000 mOsm/liter.
- Sympathizing with the next of kin of the frog whose head you just pithed and cut off.
- Evaluating the maladies of living Homo sapiens.

If you said A, then you can take my place in Pharmacology lab. If you said B, then you have learned absolutely nothing of any value at all in this course and probably went to lecture too often. If you said C, then I would say that you have learned callousness in this course, to say the least. If you said D, then you must have done an admirable job of sifting through this barrage of information to find truth . . . Congratulations!

Medical students perform operation upon dogs in physiology lab, because . . .

- The dogs were referred in by a vet for possible corrective surgery
- These labs probably provide the medical student a chance to do amazing research which may win him or her the Nobel Prize.
- They teach new concepts not seen in lecture.
- These dogs were notorious bank robbers "on the outside" and were sentenced to this death by a judge.
- It is very humane for medical students to kill dogs in order to learn to handle the sight of blood.

If you said A, then you are quite naive, in fact, I have some land in Florida I would like to sell you. If you said B, you are egotistical regarding your lab skills. If you said C, you obviously have never read the textbook. If you said D, then you are in need of psychiatric counselling because medical school is getting the best of you. And finally, if you said E, then you gave the answer that is the old faculty stand-by. Of course, if you think this is a good question, then you might suspect that the right answer is indeed: "Really, why is that?"!?!



On the opposite page, you will see polygraph recordings from each of three unfortunate dogs. Note that certain treatments have changed the course of their EKG's. Below you will find a list of the possible treatments. Please indicate what treatment was given at each of the four intervals:

Possible treatments:

1. Sub-lingual application of phentolamine.
2. Rectal application of Somnex.
3. Cutaneous application of Sherwin-Williams "powder blue".
4. LSD (given any old way).
5. Extract of Exxon (given at great expense to the patient).
6. The dibucaine number.
7. I.M. injection of tincture of Colgate.
8. Inhalation of one mole of Los Angeles' rush-hour air.
9. Solution of Schuster's BBV (building block virus).
10. Bringing nurse to bedside of 91 year old male.

The correct answers are (of course):

I --	7
II --	9
III --	5
IV --	10

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ORTHOPEDIC
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Case Records Of The Wizard General Hospital

Daily Clinicopathological Exercises

George Burns, Editor

Case 1-1978

A 25 year old male medical student was admitted to the hospital complaining of "flickering vision".

This fine, but cranky young fellow was in relatively good health until the day of admission. After being on call the preceding night, he began complaining about the "cold, snotty eggs being served". Those about him perceived that he was suffering from quite a bit of flatulence that morning. Suddenly, he complained of "a chill going up his spine" and of a severe headache. Shortly thereafter, he began to express copralalia, uttering: "we're getting the shaft", and "this hospital sucks"! He continued to express this air late into the morning during "staffing" (grilling or straffing). Suddenly he moaned, "Why are the lights flickering?" He then grabbed his head and sunk to the floor. He was dire 'ly admitted to the hospital (via the E.R. of course). He did not pass go, but he did have to pay \$400.

Upon examination, the chap appeared glassy-eyed and dazed. Vital signs were normal. Gooseflesh covered his pale body. Pupils were equal, anisocoric, but responsive (a beer can in view caused mydriasis - Cole's sign). Fundascopic exam showed the arteries to be slightly pale and the disks showing signs of papillitis. The visual fields were diffusely obscured, and the patient stated that he "couldn't see for shit". With the exception of rather massive flatus, the remainder of the physical examination was normal.



Throwing caution (and money) to the wind, laboratory studies were ordered. No test was left undone. Important data included: WBC 15,000 with left shift and 1,000 eosinophils; SGOT 50 mg%; BUN 25 mg%; Molybdenum 2 mcg%; Blood cultures (X6 for reproducibility, of course) did grow several strains of coliform bacteria; CSF studies including an opening pressure of 10 mm, glucose and chloride were normal except WBC count of 1,000: Microscopic exam of the CSF showed no remarkable findings; EKG showed normal sinus rhythm: Chest roentgenogram was unremarkable; However, the skull films were quite interesting. Please see figure 1 below:



Figure 1
Right lateral view of the patient's skull demonstrates a large lesion in the area of the anterior communicating artery in the Circle of Willis.

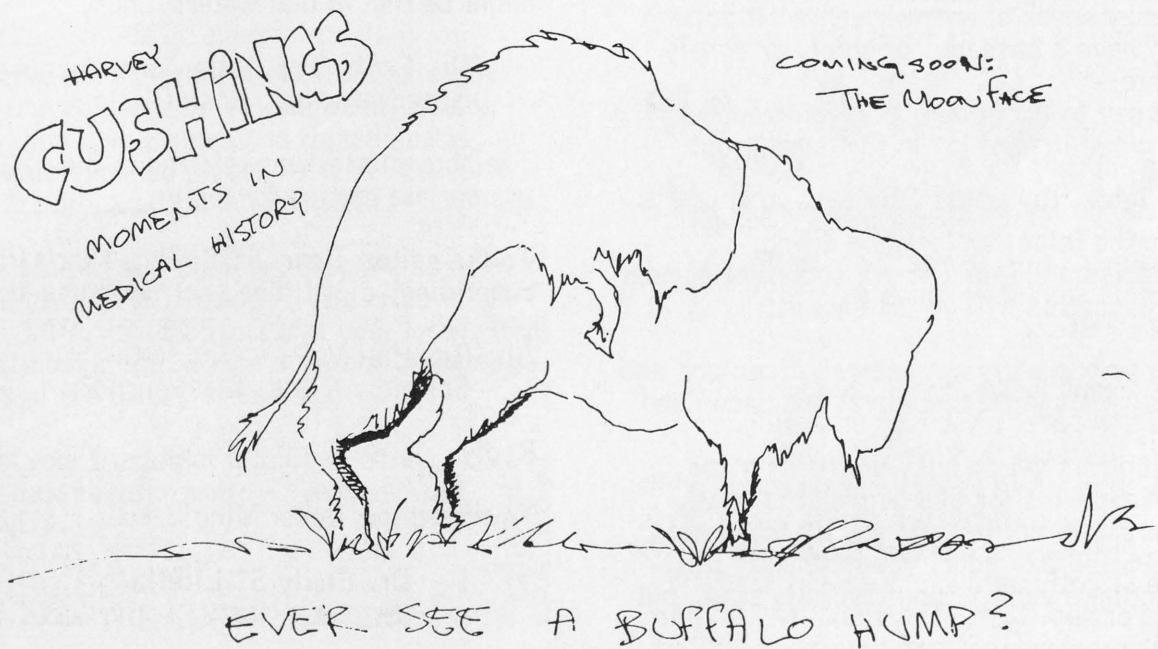
Differential Diagnosis

Dr. H.R. Glowbox: The striking lesion seen on the film is located near the anterior communicating artery in the Circle of Willis. I know of only one disease entity which could cause the response that we have witnessed today. Fortunately, today we have in our midst a renowned neurologist, Dr. C. Rebrum.

Dr. C. Rebrum: Ya, Ich bin Hier. But I am too excited to speak!!! My associate must speak for me.

Dr. Tref Ihnation: The amazing entity which was first described by Dr. Rebrum is the infamous "Wamper's Syndrome". The pathophysiology is that through a small

venous fistula a fecal embolus from the rectum enters the paravertebral venous system, from which, after ascending, it enters the vertebral artery via an arteriovenous malformation. From there, the embolus enters the Circle of Willis. Here, the embolus goes around and around (going "wamp, wamp, wamp") and sometimes it can occlude the ophthalmic artery, such that the patient can't "see for shit", and is often described as having a "shitty outlook on life". It is a terrible but transient disease, which usually disappears shortly after leaving the hospital. Of course, massive doses of corticosteroids and ampicillin are necessary. Unfortunately, those struck by this malady often have recurrent episodes of carbiness which characterize what some call "Mecca Madness".



They say man has succeeded where the animals fail because of the clever use of his hands, yet when compared to the hands, the sphincter ani is far superior. If you place into your cupped hands a mixture of fluid, solid, and gas, and then through an opening at the bottom, try to let only the gas escape, you will fail. Yet the sphincter ani can do it. It apparently can tell whether its owner is along or with someone, whether standing up or sitting down, whether its owner has his pants on or off. No other muscle in the body is such a protector of the dignity of man, yet so ready to come to his relief.

Banish the use of the four-letter words whose meanings are never obscure,
The Angles and Saxons, those bawdy old birds were vulgar, obscene and impure.
But cherish the use of the weak-kneed phrase that never quite says what you mean,
Far better you stick to your hypocrite ways than be vulgar, coarse, or obscene.

You may speak of a movement or sit on a seat, have a passage, or stool, or simply excrete;
Or to say to the others "I'm going out back", then groan in pure joy in that smelly old shack.
You can go lay a cable, or do number two or sit on the toidey and make a do-do.
But ladies and men who are socially fit under no provocation will go take a shit.

When your dinners are hearty with onions and beans, with garlic and claret and bacon and greens;
Your bowels get so busy distilling a gas, that Nature insists you permit it to pass.
You are very polite, and you try to exhale without noise or odor, you frequently fail, Expecting a zephyr, you carefully start, but

even a deaf one would call it a fart.

ULCER THERAPY

To the editor: What's all this new talk I hear about cement-a-dean being good for ulcers? Now, I know that antacids and milk are good for ulcers, and I know that venting a lot of pent up anger and hostility is good for ulcers; but I honestly can't believe that some new fangled idea would so easily capture the minds of young doctors. How could anyone want to cement-a-dean for their stomach craters? I suppose that some people could be very mad at their deans, especially if the deans went and raised national board score cutoffs or hiked the tuition in the summer when most of the students were gone, but even so, I think people and certainly young doctors should be able to handle that ulcer causing anger in better ways than by soaking their deans in wet cement and throwing them into the White River; and anyway, there might be fish in that water!

Dr. Emily S. Litella
Speedway, Ind. Bush Clinic

The above letter was referred to the appropriate parties for reply:

To the editor: Dear Dr. Emily, That's cimetidine, cimetidine, not cement-a-dean.

Rex Hall V.P.
Schmidt, Cline, & Phrench Rx

Reply:

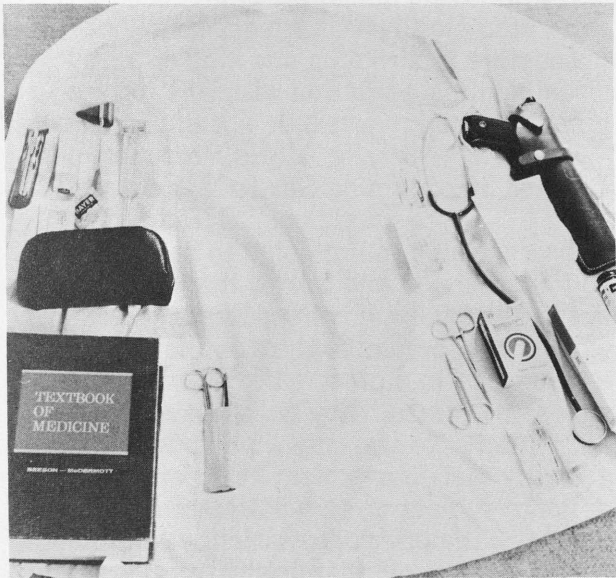
To the editor: Never Mind!

Dr. Emily S. Litella

DON'T BE CAUGHT NAKED!

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THE LUETIC LAMENT

There once was a man from Green Bay who thought syphilis just went away and he thought that a chancre was merely a canker acquired in lascivious play.

Now first he got Acne vulgaris, the kind that is rampant in Paris. It covered his skin from his head to his shin and now people ask where his hair is.

Consider his terrible plight: his eyes won't react to the light, his hands are apraxic, his gait is ataxic, and he's developing gun-barrel sight.

With symptoms increasing in number his aorta's in need of a plumber his heart is cavorting his wife is aborting and how he's acquired a gumma.

Although treated in every known way his symptoms grow worse day by day; he's developed paresis converses with Jesus and thinks he's the Queen of the May.

NEVER BEFORE HAS THE SCREEN SEEN A MORE TORRID, FULMINATING, NECROTIZING OR FEBRILE DRAMA THAN....

THE BIG PICTURE

DIRECTED BY
R.C. POWELL, M.D.

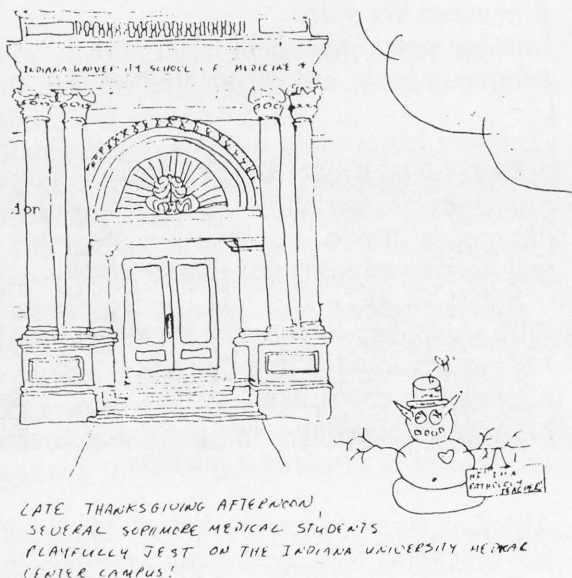
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Since Congress seems determined to legislate our lives away for us, many medical students are becoming disillusioned with the idea of practicing human medicine. For those of you who are having problems deciding on an alternative, I have an idea. How about plant medicine? The large caseload of drooping dieffenbachias and parched pepperomias guarantees you a brisk practice. In order to acquaint you with this up-and-coming field, I present:

THE PLANT DOCTOR

Chapter 1 Talking to a Marijuana Plant (Cannabis sativa)

Talking to Marijuana isn't exactly illegal, but having a Marijuana to talk to is. It's a tricky situation. Probably the best way to handle it is to meet a Marijuana that doesn't belong to you in a part of town where neither of you will be recognized. If you choose a restaurant for your rendezvous, don't tell the waiter you're expecting a Marijuana to join you. Say you're expecting a Cannabis sativa. Then, when the plant comes in and asks for your table, nobody will pay much attention.

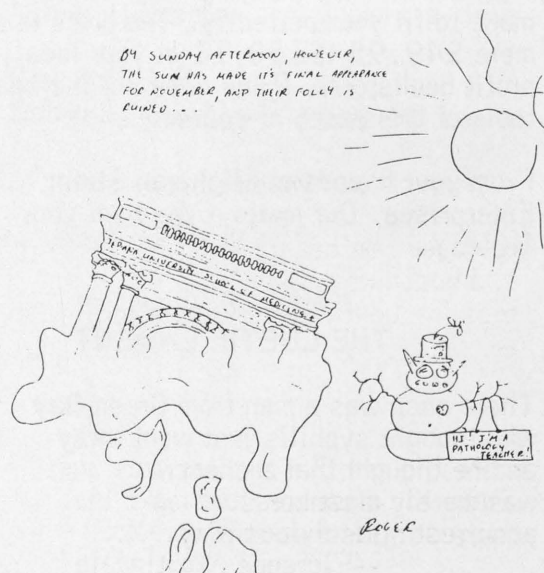
Chapter 2 What to Talk to a Marijuana About

Actually, what to talk to a Marijuana about isn't much of a problem. Half the time it won't even know you're talking to it. It's always either thirsty or sick to its stomach or dizzy or having delusions of grandeur or it can't stop giggling. It's just about impossible to strike up any kind of a meaningful conversation with this looney plant.

Chapter 3 Explaining Sex to Your Plant

Sooner or later you're going to have to take your plant aside and talk to it about sex. Try not to make it sound dirty. Seed dispersal by wind should be one of the most beautiful experiences in a plant's life. For goodness sakes, don't use filthy words like "stamen" and "pistil" or you may wind up with a sexually inadequate plant. Likewise, the delicate subject of self-pollination should be handled without embarrassment. Your plant should be assured that most plants do it and that it doesn't make them crazy.

Chapter 4 (Next week) Bugs



Medical Graffiti Comes Out Of The Stall

"The best thing about night call
is having a nocturnal admission."

A horny anatomist named Gray
was once asked by a whore for a lay;
but he said he wouldn't have her
'till she was a cadaver
as sex was much cheaper that way.

A parasit Prof named Babs
made love to the students in her labs
she gave them all "A's",
as pay for their lays
as well as G.C. and the crabs.

There once was a man with a hernia,
who said to his surgeon "goldurnia"
when you're fixing my middle
be sure not to fiddle
with matters that do not concernya.

There once was a girl from St. Cyr,
whose reflex reactions were queer:
her escort said "Mabel,
get up off the table
that change is to pay for the beer!"

An EEG technician named Hope,
fell in love with her oscilloscope.
The cyclical trace
of their carnal embrace
had a nearly infinite slope!

Said a starchy and proper young nurse:
"My life has been plagued by a curse.
I was told by my papa
that sex was improper,
Now I find that abstaining is worse!"

An industrious young Obstetrician
conceived his financial position
to depend on beauty
and husbandly duty
plus frequent productive coition.

"People are like pimples, the ones
under the most pressure make the
biggest splat when they break."
--Florence Nightingale



"I have syphilitic aortitis", Tom barked.
"I'm impotent", Tom said softly.
"I hate steak", Tom beefed.
"I have pertussis", Tom whooped.
"I just farted", Tom fumed.
"I have arthritis", Tom said stiffly.
"Take the prisoners downstairs", Tom said
condescendingly.
"Who stole the flowers from my garden",
Tom said lackadaisically.
"These are good ginger cookies", Tom
snapped.
"I'm bailing out", Tom explained.
"I'm dying", Tom croaked.
"I have subcutaneous emphysema", Tom
crackled.
"Cocaine is great", Tom snorted.
"I'm priapic", Tom hardly said.
"I'm a surgeon", Tom cut in.
"I have cancer", Tom said malignantly.
"I'm a med student", Tom laughed.





OFFICE OF THE DEAN

INDIANA UNIVERSITY

School of Medicine
1100 WEST MICHIGAN STREET
INDIANAPOLIS, INDIANA 46202

TELEPHONE: 317/264-8157

My dear Colleagues:

Four years ago you entered the profession of medicine as students. Your graduation represents the first turning point in your medical careers; you have now earned your M.D.! In doing so, you are dedicating yourselves to a lifetime of learning and service.

You have acquired a great deal of medical knowledge and specialized skills. You are equipped with the ability to think critically and analytically. You can tell the ill from the well and differentiate the serious from the trivial. You have achieved that self-confidence which grows from certain knowledge. But raw knowledge is not enough. You will now engage in the art of medicine first as resident physicians and then as practitioners and thus acquire experience, judgment and wisdom.

There will be many other turning points and many other high moments. In behalf of the faculty I wish you well. We know that you are prepared for the challenges and opportunities that lie ahead.

Sincerely yours,

Steven C. Beering
Steven C. Beering, M.D.
Dean

SCB/cm

"75 Years of Medical Education, Research and Service."

Golden Apple Award



R. Joe Noble, M.D.

To characterize an entire medical school class is impossible. Intelligence - diligence - enthusiasm: these describe every student of every class with which I've been associated. Yet if one is assigned the task of specifically categorizing the Class of '78, a maturity in medical judgement comes to mind. Call it "Common Sense" if you will, the '78 students I've known possess this trait which one doesn't learn (and a teacher doesn't teach.)

The performance of these students in their respective practices will generate pride in the School of Medicine in years to come.

Congratulations, and my sincere Best Wishes!

R. Joe Noble, M.D.
Department of Medicine

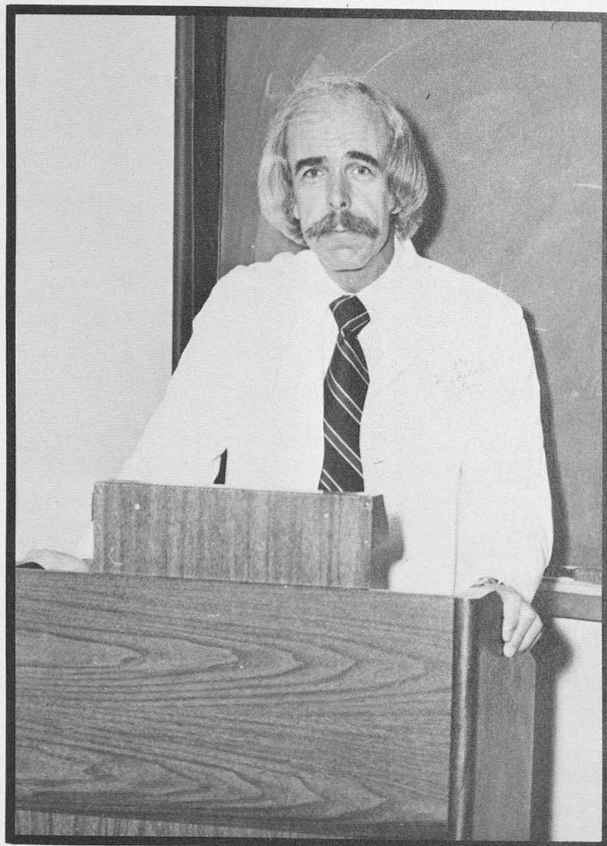
I know you long for the discovery of the cause of even one of our troublesome diseases, or the proof that some therapy is truly effective and safe, or even a good chronicle of one doctor's vast experience with some disease - the variations he encountered - what worked, what didn't.

While you are waiting for these things to happen, life goes on. People are sick, in pain, and frightened. They will depend on you to provide comfort, allay fear, and show them what to do.

Most will not have a disease you can cure, and you will often be uncertain as to what to do or how to help. But you will learn, and you will succeed. All of you have inner reserves of creativity and resourcefulness, love and compassion, and patience and strength that will carry you through.

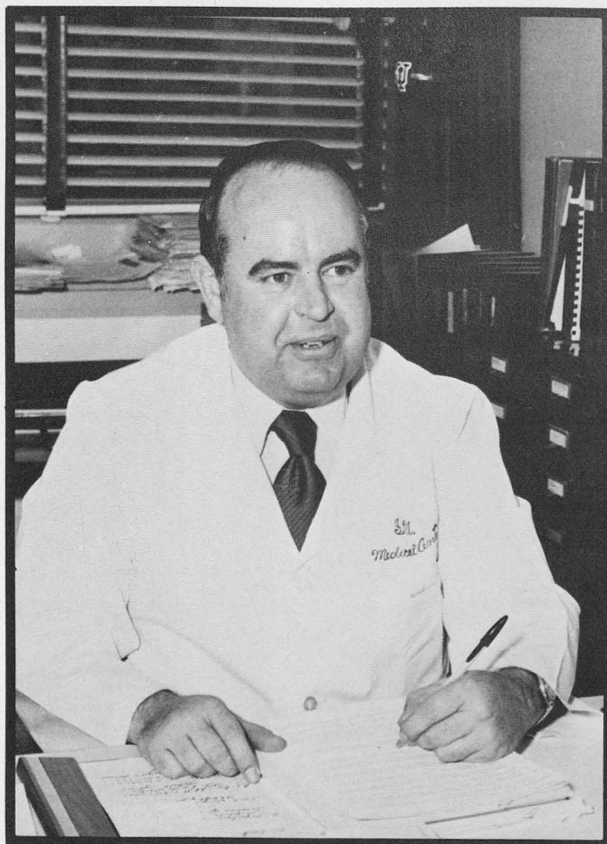
May you always find them.

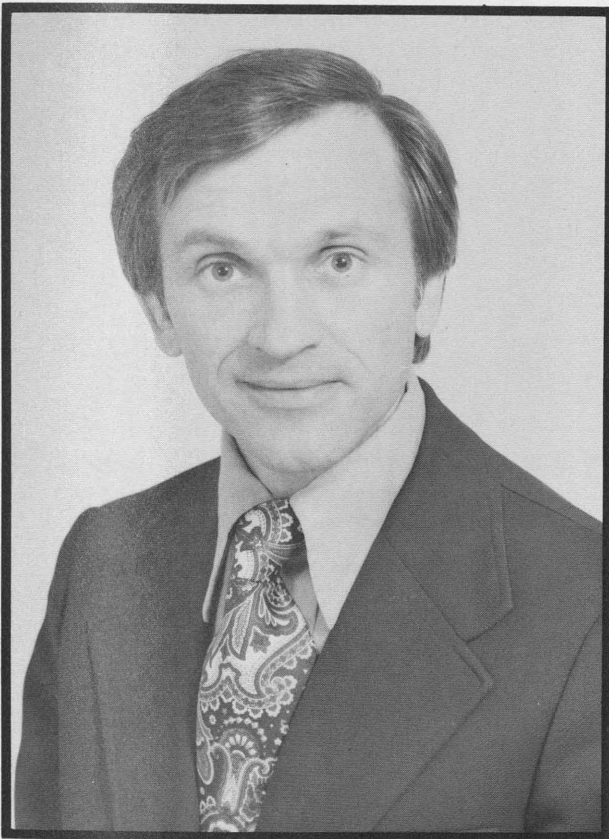
James R. Meadows, M.D., Medicine



As Class of 1978 graduates you have passed an important milestone in your chosen profession. It is a time to be proud because of the effort and perseverance you have demonstrated in medical school. It is also a time for dedication to continuing education. Physicians are perpetual students, constantly striving to provide better patient care. Call it spirit, self respect, or pride. Medicine is a noble profession because physicians place the interests of their patients above personal gain or convenience. I congratulate you, charge you to "keep up" in this rapidly expanding field and wish you continuing enthusiasm as you pursue your chosen careers.

Richard C. Powell, M.D.
Professor of Medicine and
Biochemistry

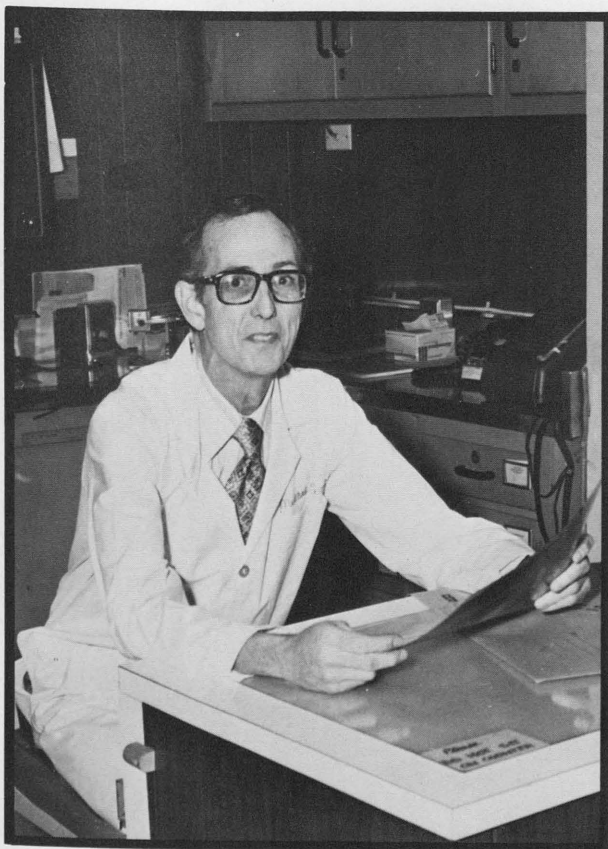




The future of medicine is bright. If civilization remains stable, there will be scientific advances in the coming years that we now only dream about. These advances will be most obvious in the psychiatric, metabolic, and neoplastic areas.

Whatever the advances, medicine is still a people to people profession. No matter how sophisticated our equipment, we still need old-fashioned relationships. People always have worth and merit. All people are worth knowing. All people deserve care and concern. Diagnosis and treatment is a science, but medicine will always remain an art.

Paul Riley, M.D., Psychiatry



Congratulations to the Class of 1978-- the biggest and best? Four years ago I presume not one of you felt this day would really arrive and most of you were hoping that when it did arrive that you would feel a lot smarter than you do at this moment.

Nevertheless, your work now begins as a non-student to continue to learn. Your education to date was designed to present known facts, postulated theories, and the experimental method by which both are discovered. To be any kind of a physician you must devote some part of every day to continued study.

The faculty is proud of you and wish you all the best of luck.

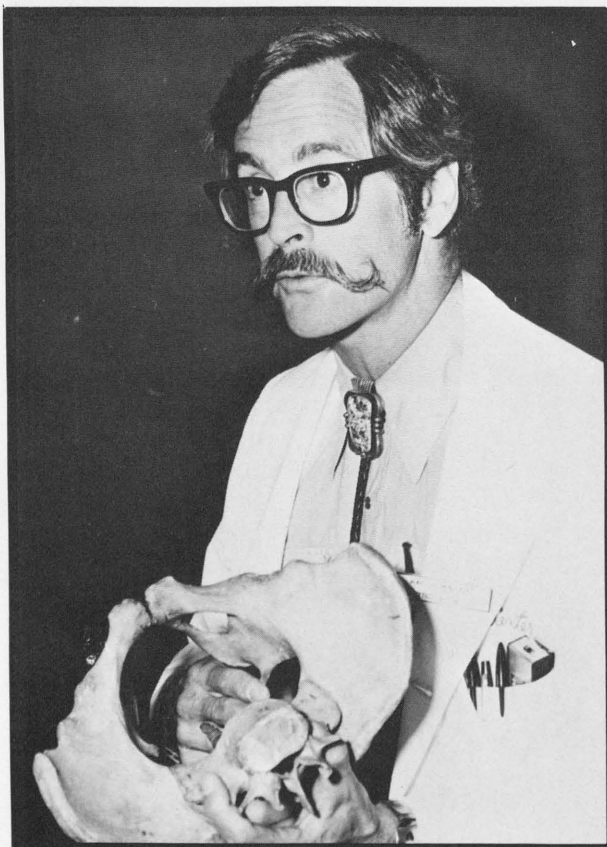
Leo R. Radigan, M.D.
Associate Professor of Surgery



TO THE CLASS OF 1978

It has been the year of Big Events - The Great Blizzard, talk of Peace in the Mideast, Ali's Defeat and now the Indiana University School of Medicine sends forth the Class of 1978. If all the signs hold true, your class should have a momentous effect on the art and science of medicine and health care in general. I wish you all a Pleasant Encounter.

Patricia Keener, M.D.
Associate Professor
Department of Pediatrics



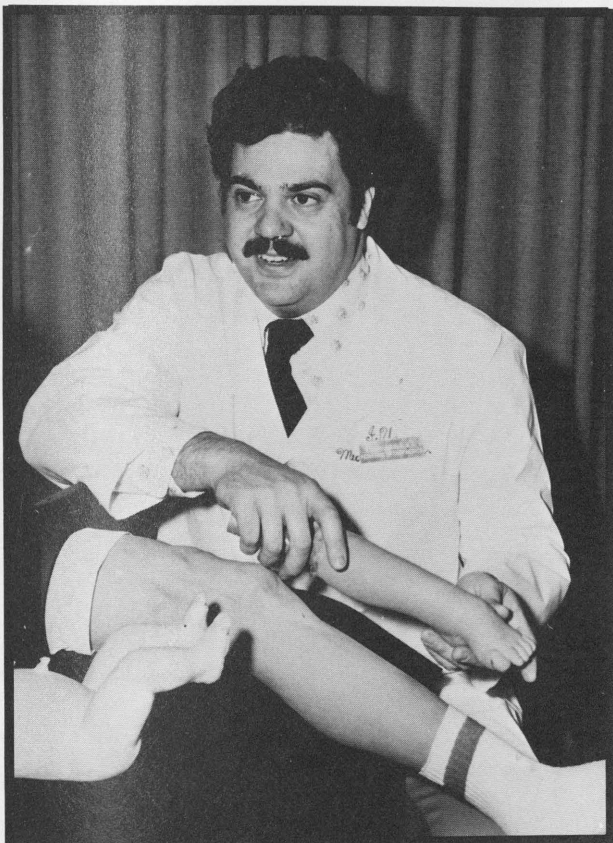
Congratulations! You've finished the long preparation and achieved a very difficult goal; you are a Doctor of Medicine.

But beware. Medicine is constantly changing, and change will be the hallmark of the next decades. How will you cope?

My suggestion is that you immediately commit yourself to unreachable but reasonable goals; goals which will require that you establish your own independent, regular study hours; goals which begin now and end never.

Be knowledgeable, grow from this knowledge, and change.

Robert A. Munsick, M.D.
Professor of Obstetrics-Gynecology

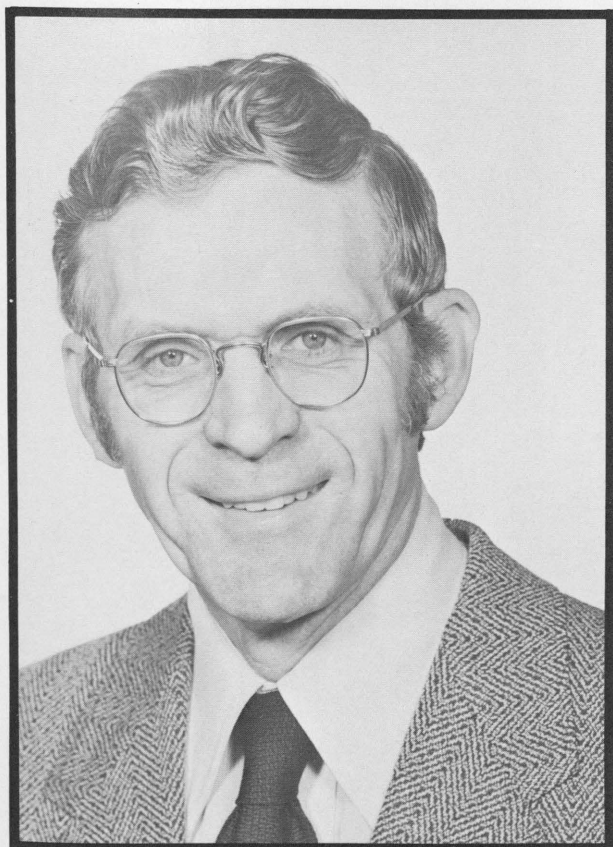


(And so the fun begins!). No more of those student days, no more of the boring lectures, no more of the scut work at the V.A. and the University, for you now are "Real DOCS!" I am proud of you and for you. (As older teachers, we tend to criticize and berate, telling you how tough it was in the good old days when we were in school. But in reality, the fund of knowledge you are expected to master is monumental compared with years gone by.

You come into medicine in a truly interesting, but yet, pressure-ridden time. In no time in the history of medicine have the pressures of the lay public been so demanding of your time and talents. Much will be expected of you and your fellow physicians (than was of our past generations.)

We as teachers cannot impart great quantities of knowledge to you students. We can only hope that we have lit a spark within you that will continue to grow into a burning fire for knowledge throughout your career. I hope and trust that you will enjoy your life as a doctor and you will become a good one. But I also pray that you will not become too narrow in your lifestyle but as the song says, "Take time to smell the roses along the way."

G. Paul DeRosa, M.D.
Orthopaedic Surgery



With all best wishes to the Class of 1978. I hope that I have given you something precious for your practice of medicine because you have given me something precious in knowing you.

William DeMyer
Department of Neurology

The Seniors this year have been a real pleasure for me. As for the imaging field my hope is that you don't try for too many "homeruns," don't get tied up with eponyms, and lastly, that you keep it simple and image only those things that are for sure, (Column 2).

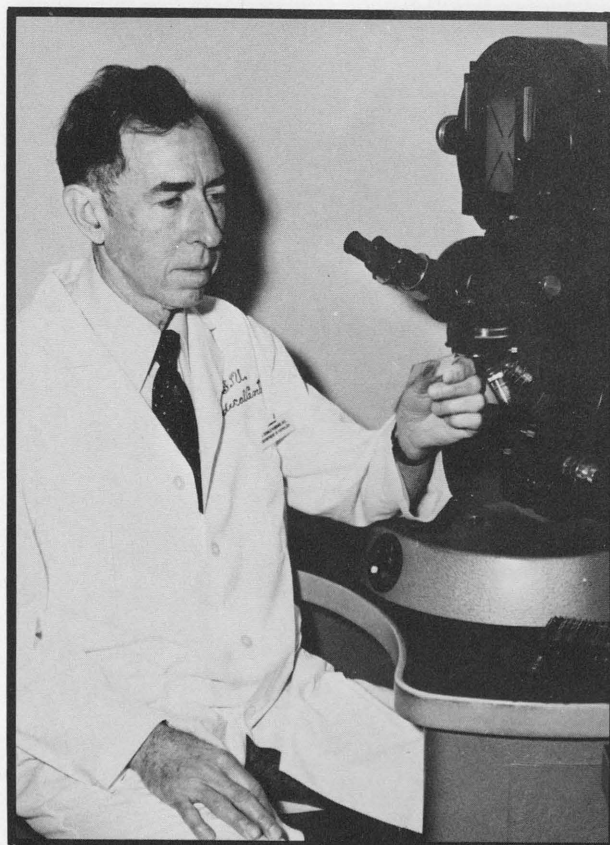
Glenn Moak, M.D.
Department of Radiology



The arrival of seniors at graduation reassures my faith that the second year students with whom I regularly work will somehow also achieve your standing. At the second year level, the students especially, and also the faculty have many misgivings that it will ever happen. Actually, your achievements in acquiring medical knowledge since entering medical school as lay persons less than four years ago are truly outstanding.

Past experiences tell me that you are now at the level where acquisition and application of medical knowledge will come more easily, more pleurably, and more personally rewarding. May it continue so throughout your careers.

J. Donald Hubbard, M.D.
Professor of Pathology





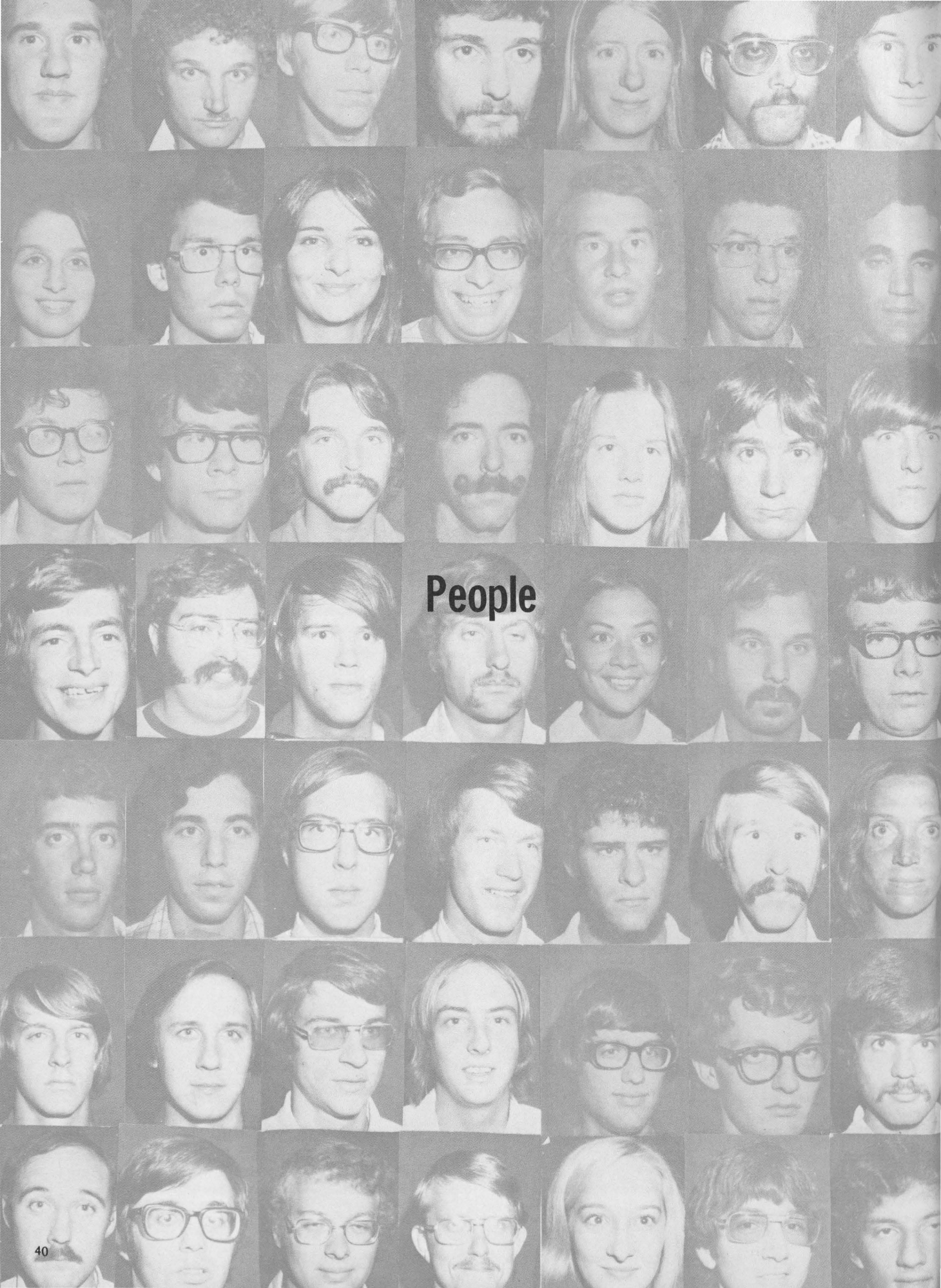
We assembled as faculty and students in the late summer of 1974, and together we undertook intensive teaching and learning experiences. You represented, for me, the 24th edition of a new class of freshman medical students. Since the time of our first meeting you have been exposed to much information and to many new experiences in basic sciences and clinical courses and rotations, which perhaps have worn long over the four year period. As you now leave to enter the practice of Medicine, or to extend your experiences through postgraduate training, do so with confidence for you have the theoretical and practical background to both recommend and serve you well in the new life and challenges ahead. For my part, I wish for each of you the very best, and extend the reminder that 'the latch string is always out,' hoping that you will return to visit, to confer or consult, or to enjoin in continuing education programs.

R.H. Shellhamer, PhD.
Department of Anatomy

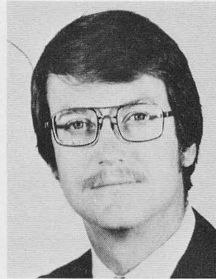
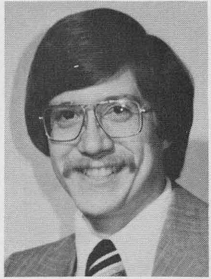
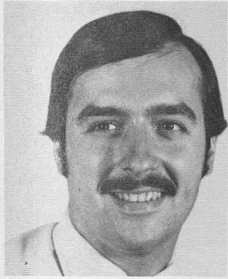


The prime focus of medicine is the patient. The patient has all of the answers if we but examine thoroughly and listen carefully. If we develop these skills and practice them faithfully medicine will be fun, as it should be. Trust your judgement. Good luck to all of you.

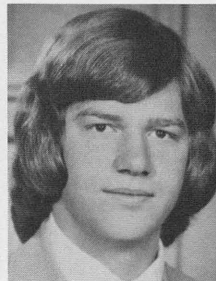
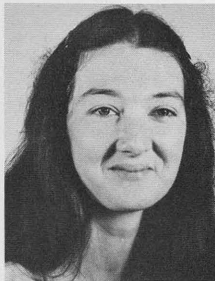
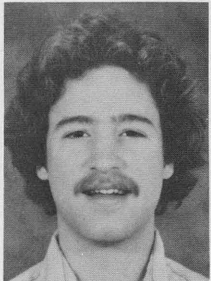
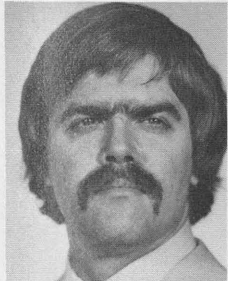
Don Pell M.D.
Internal Medicine
Ball Memorial Hospital
Muncie, Ind.



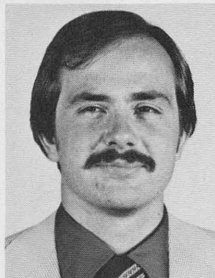
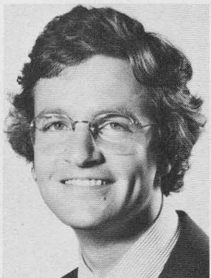
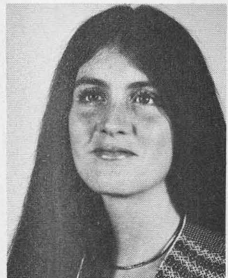
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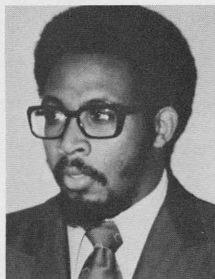
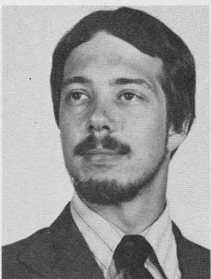
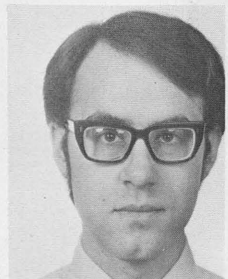
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Mark J. Ambre
Sharon Phillips Andreoli
Ronald Andrews



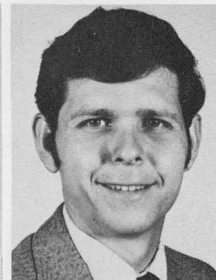
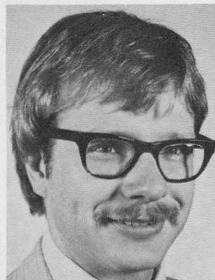
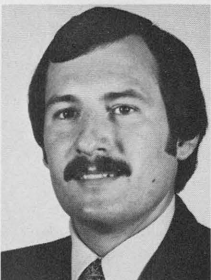
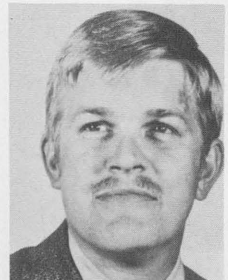
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Lee Ann Bauer
Robert C. Beeson



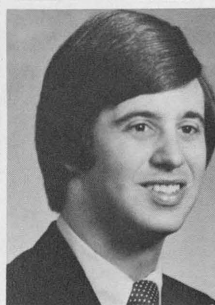
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Kenneth W. Beckley
Randie M.F. Black-Schaffer



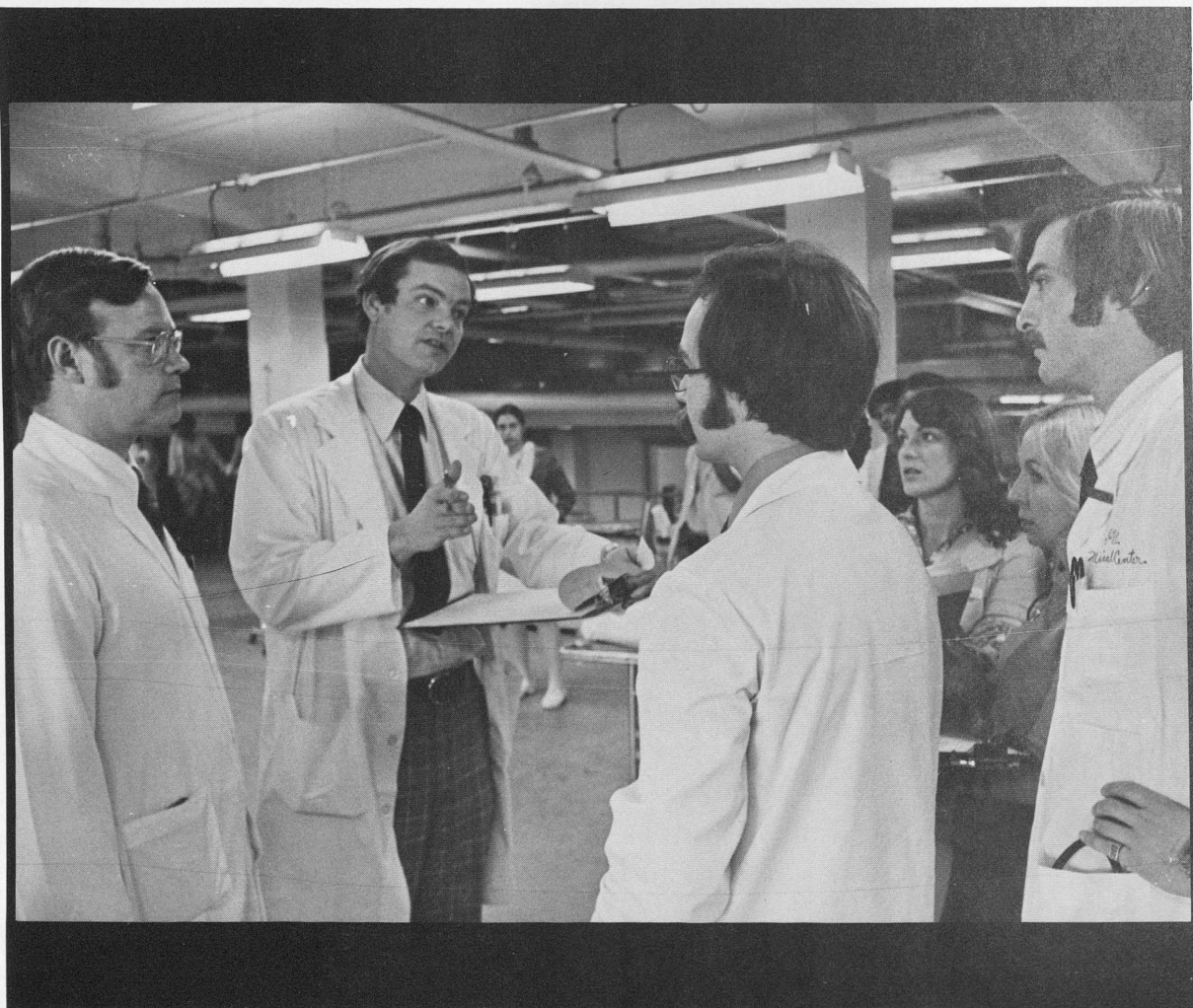
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Mike Blakesly
Larry Bledsoe
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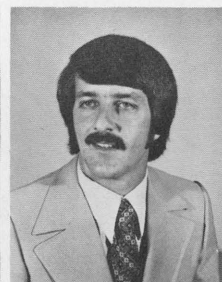
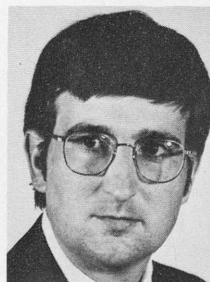
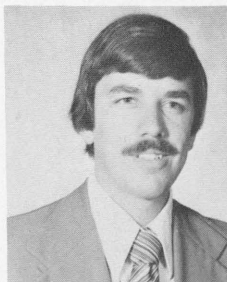
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E. Jon Brandenberger
Dave Breitwieser
Richard T. Buck



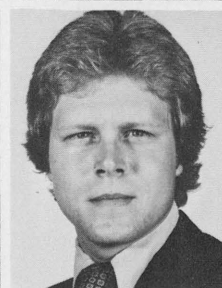
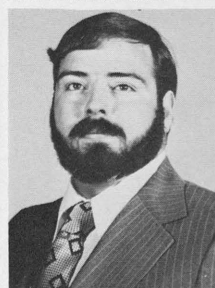
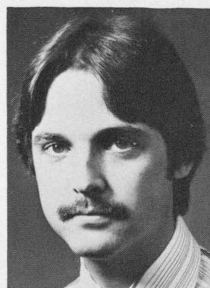
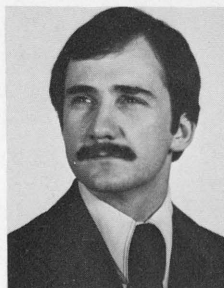
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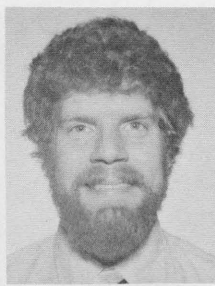
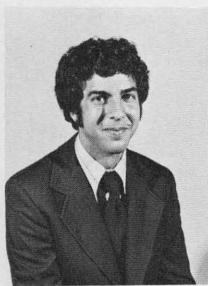
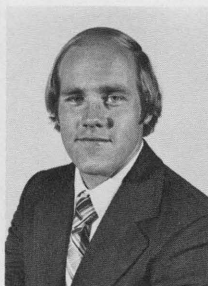
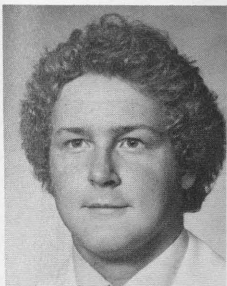


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John David Carnes
Debra Ann Carter
Kenneth R. Chaffee

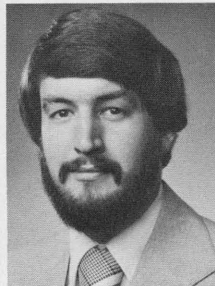
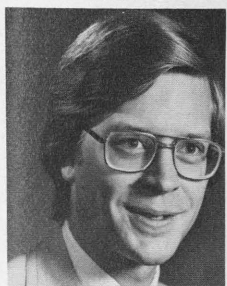


John Dennis Charbonneau
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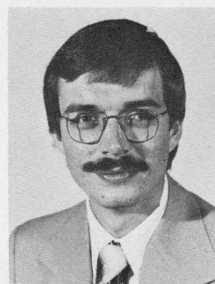
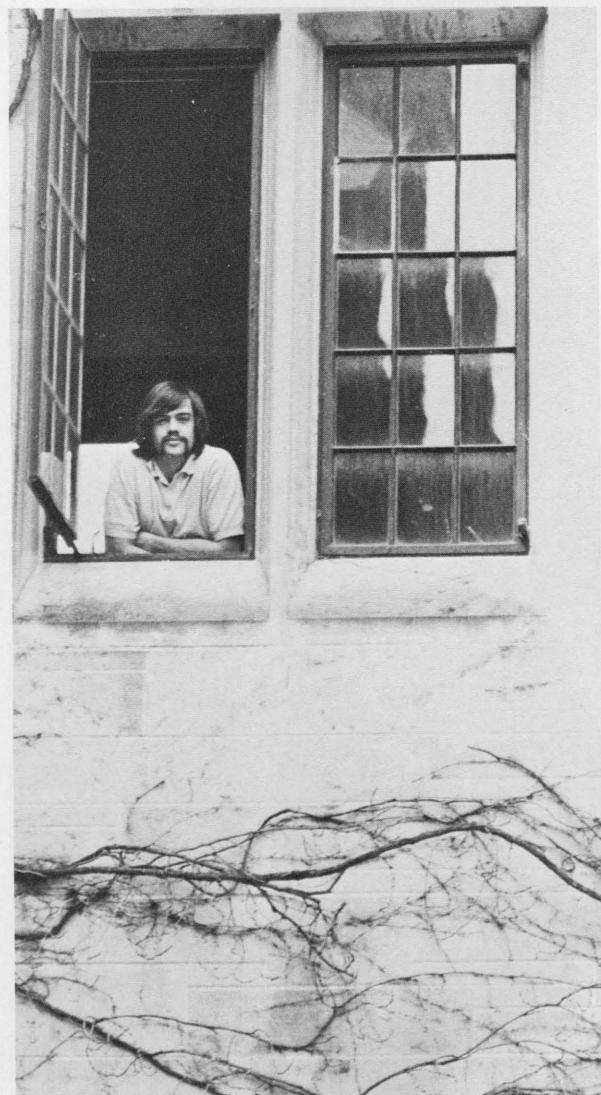




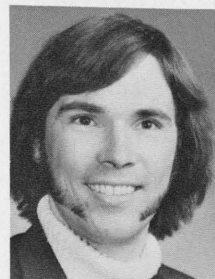
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Hal Corwin
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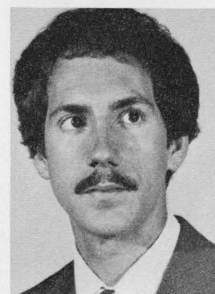
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Eric DeWeese



Thomas Joseph Dennie

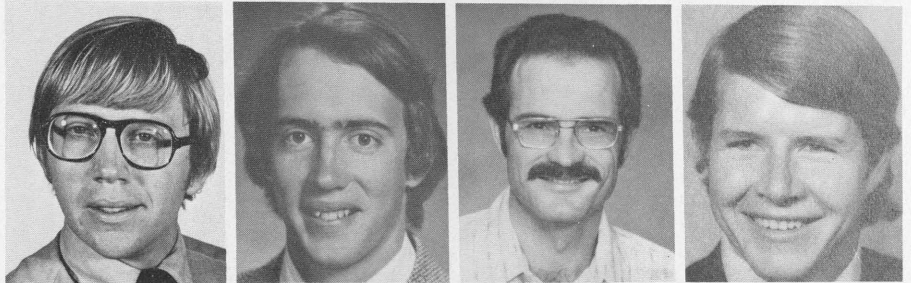


J. Brooks Dickerson

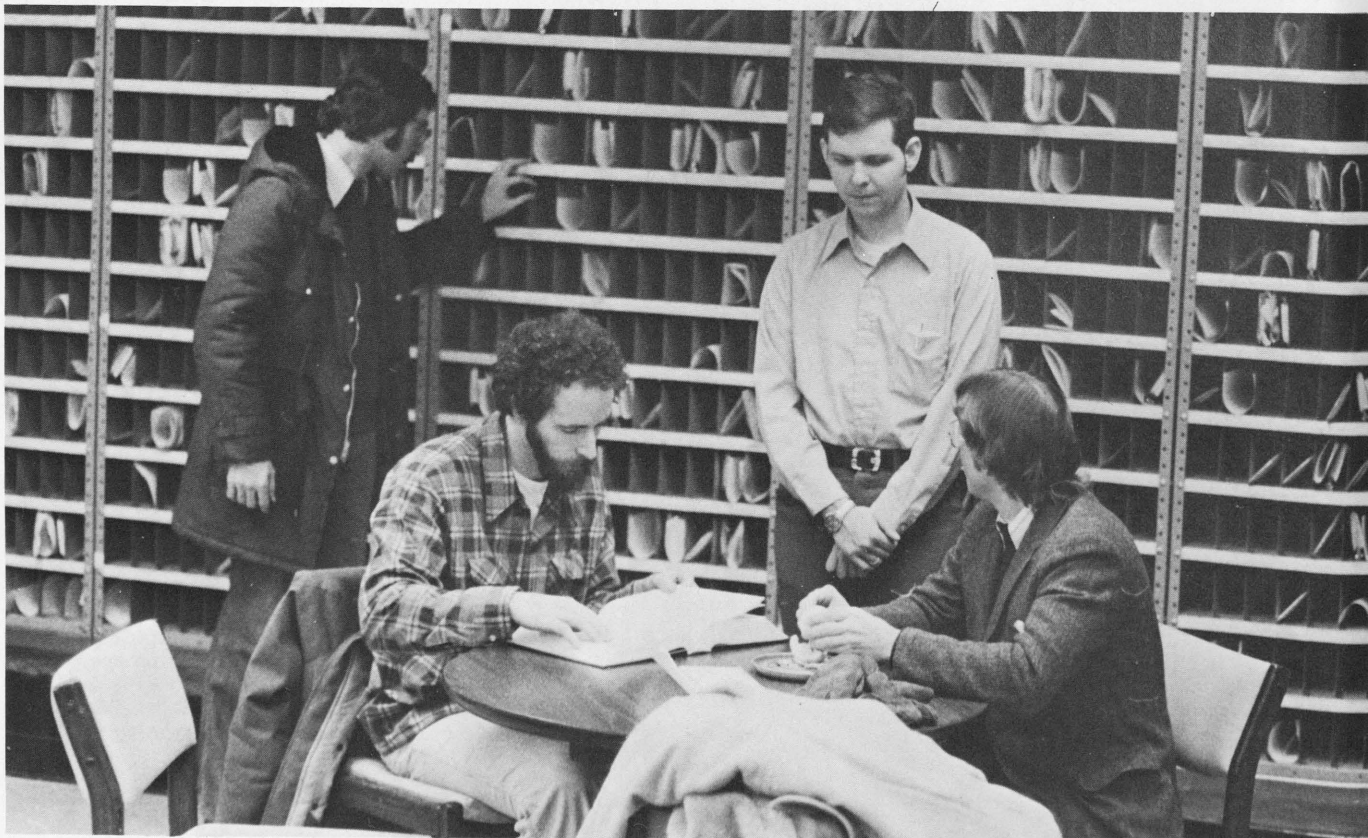
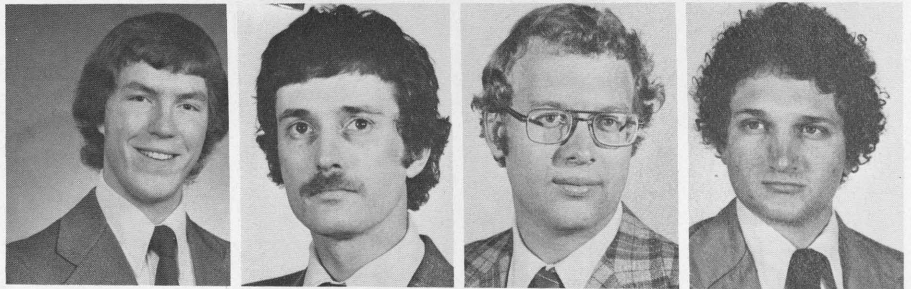


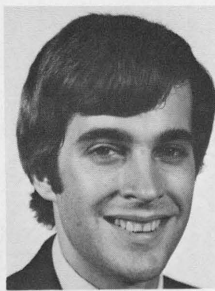
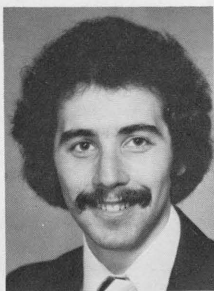
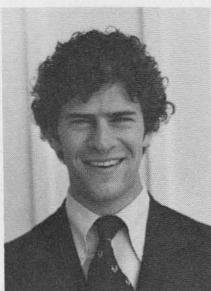
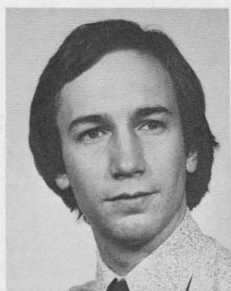
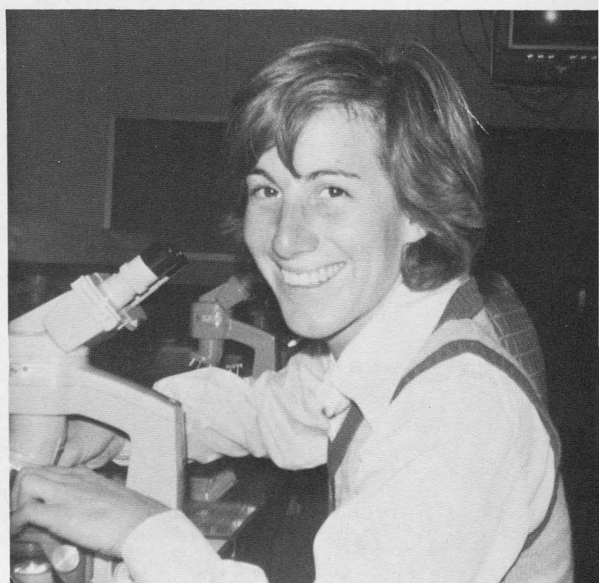
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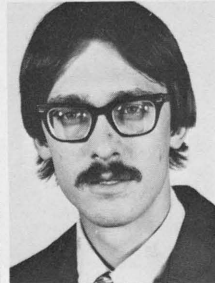
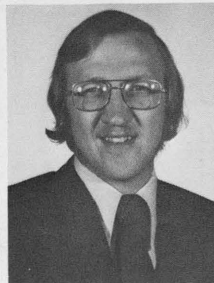
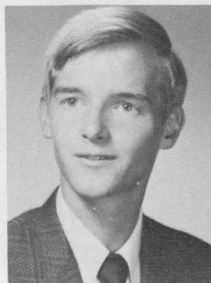


J. Joseph Farrell III
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John L. Felton
John Mark Fennig

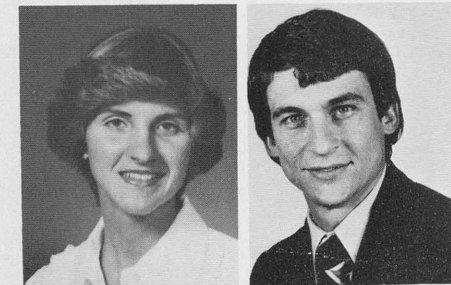




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Fred W. Frick
Leslie A. Friedman
James M. Gaither



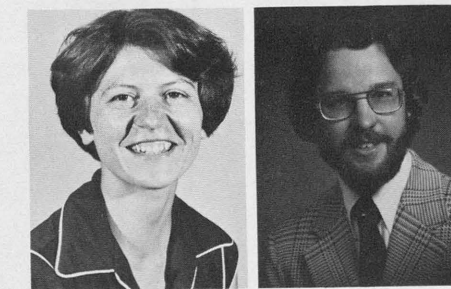
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Janet D. Habegger
Jeffrey C. Hagedorn



Bill Hampton
Cary L. Hanni

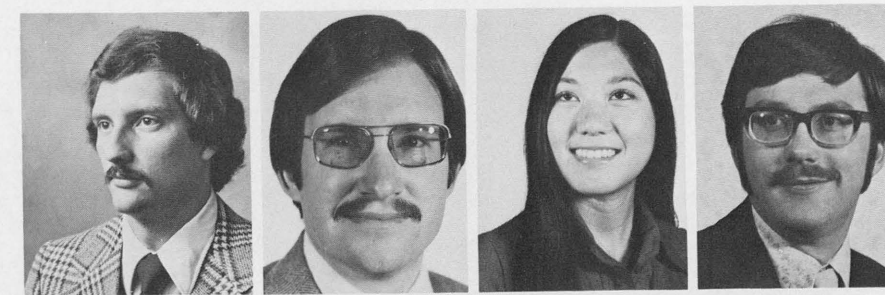
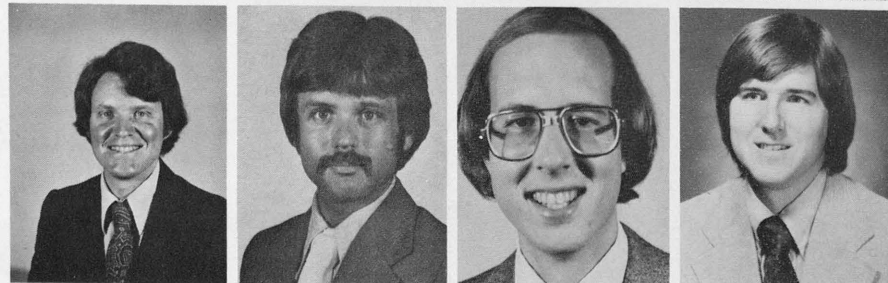


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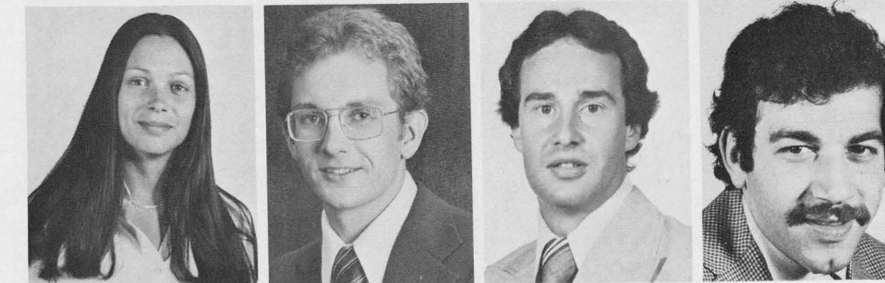
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S. Douglas Greeson
Eugene Griner, Jr.
Brian W. Haag

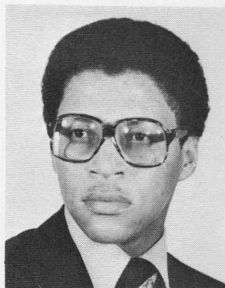


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David L. Hyslop
Kathryn Ikeda
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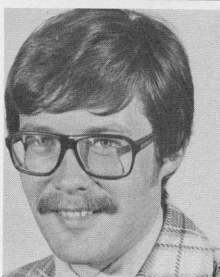
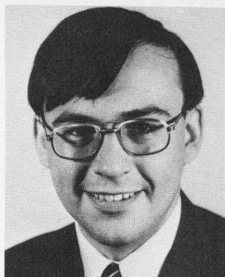


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Marshall Kamer
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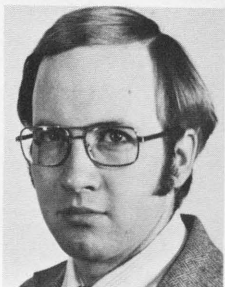
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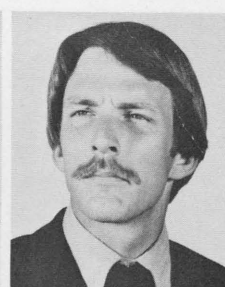
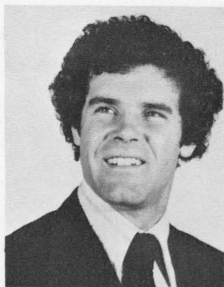
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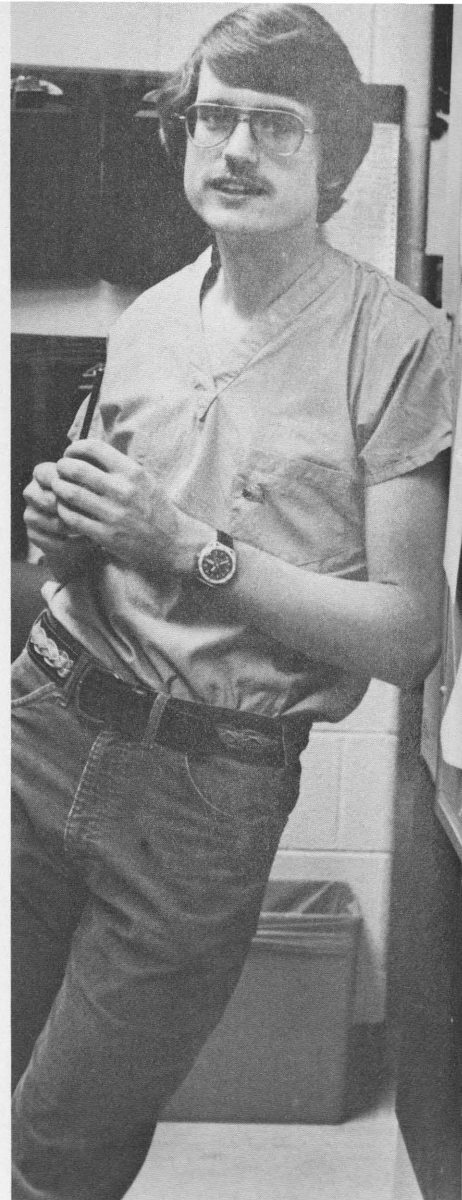
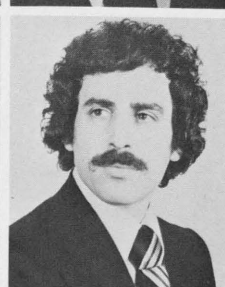
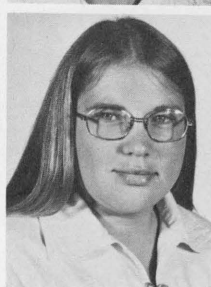
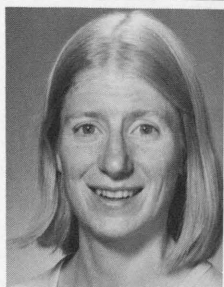
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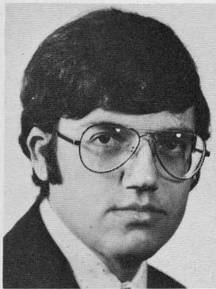
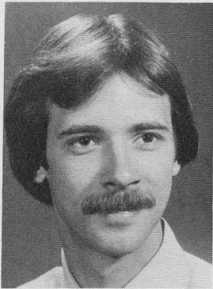
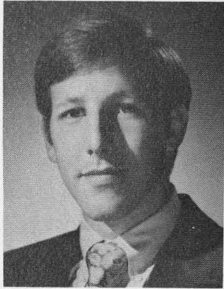


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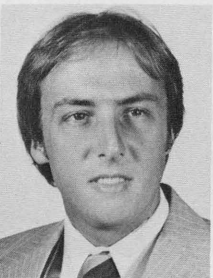
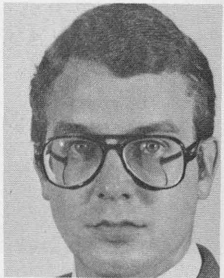


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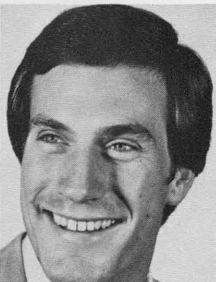
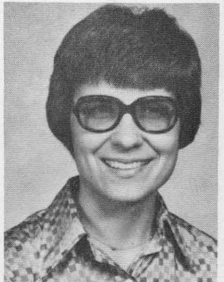




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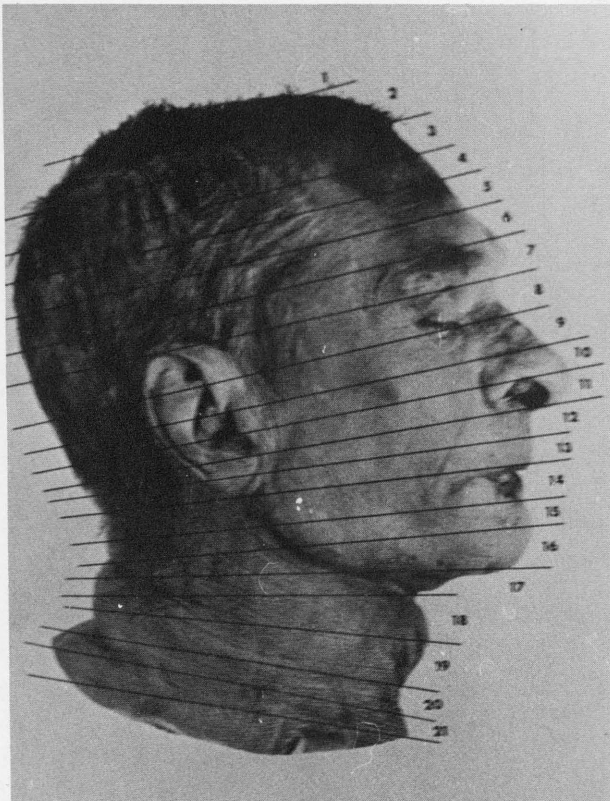


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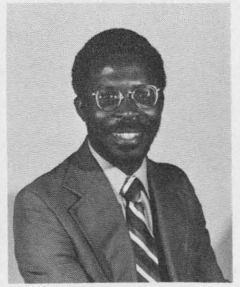
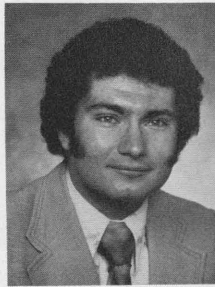
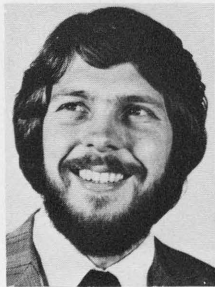
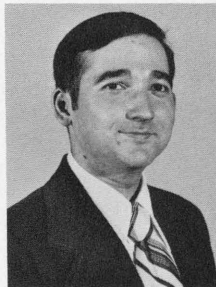


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Thomas J. Meyer

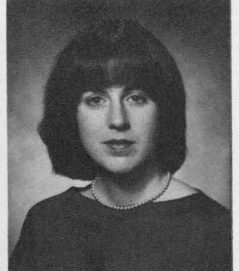
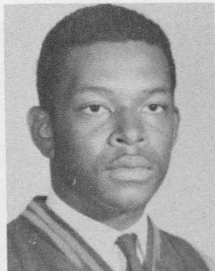
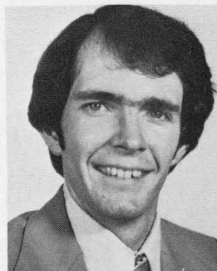




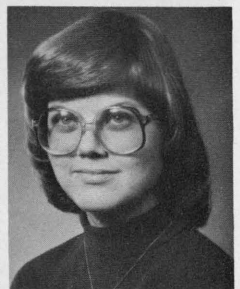
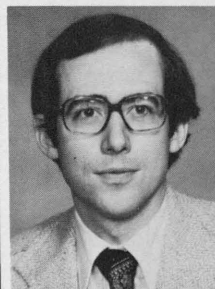
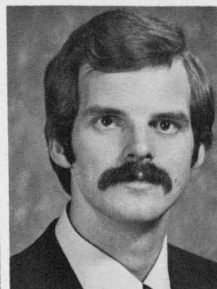
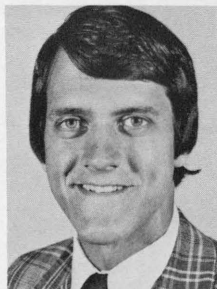
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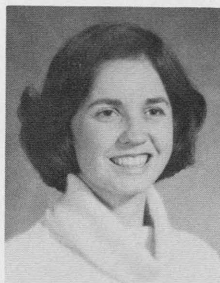


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Reuben Morris
Constance Mosher
Mari Beth Mulholland



Richard Patrick Murray
Mark R. Neff
Bruce Nugent
E. Jann Offutt

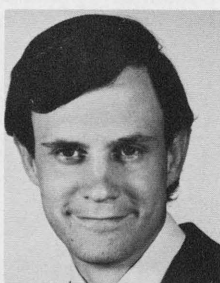
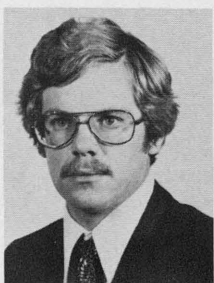
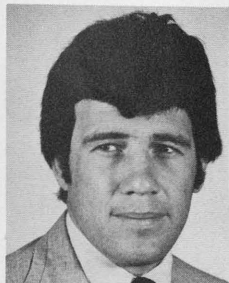




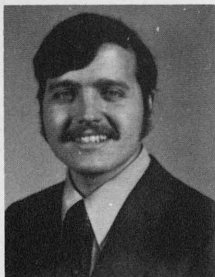
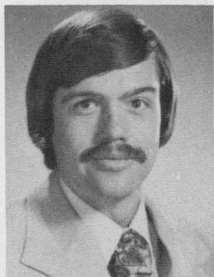
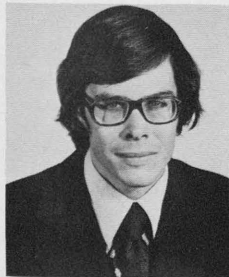
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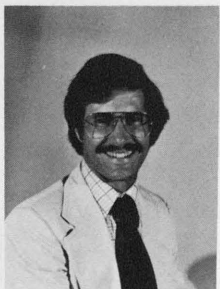
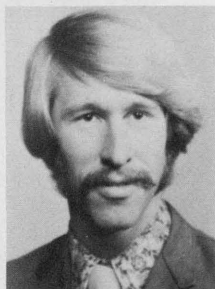
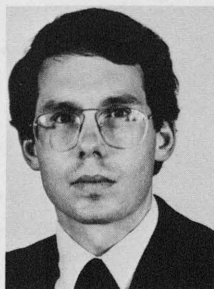
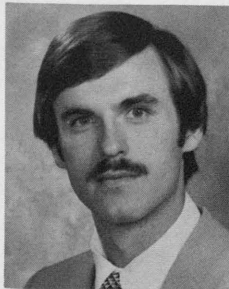
Eve Sackenheim Olson



Neil R. Oslos
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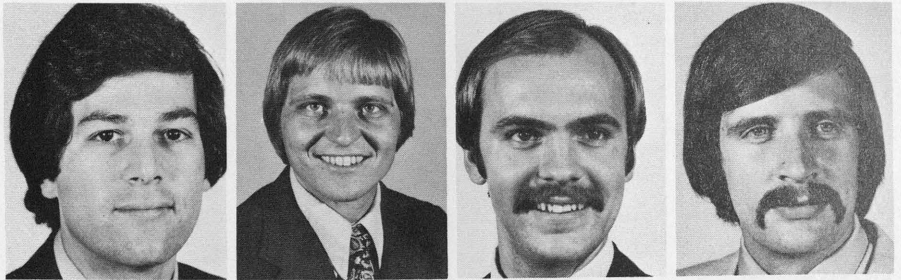


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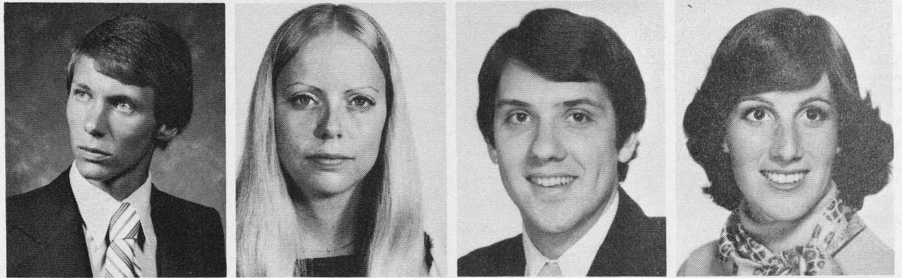


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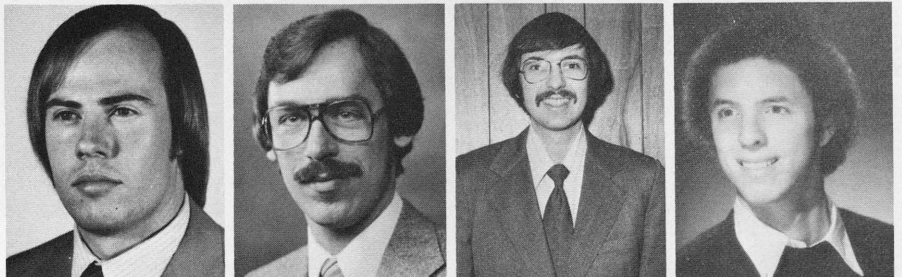
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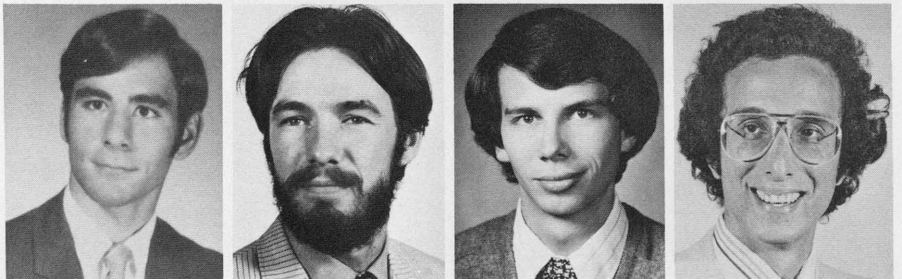
Eric W. Robbins
Lynne Roberts
Joe Robertson
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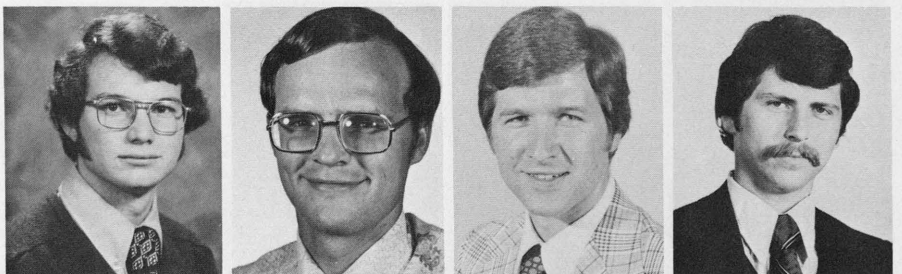
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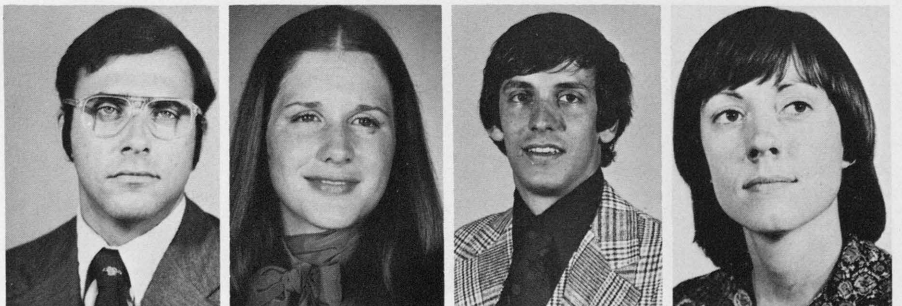
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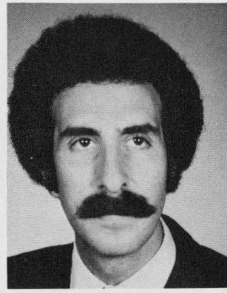
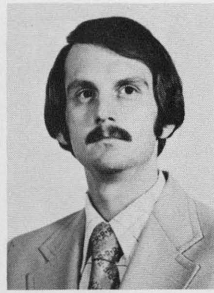
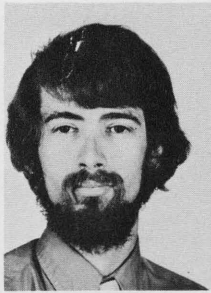
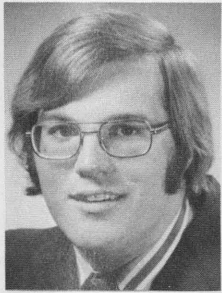


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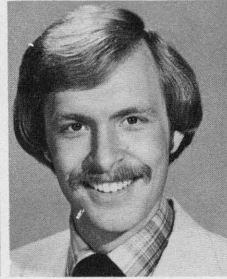
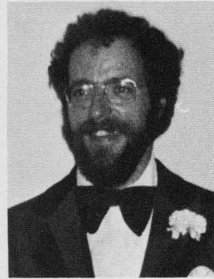
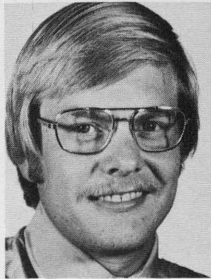
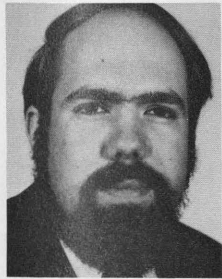


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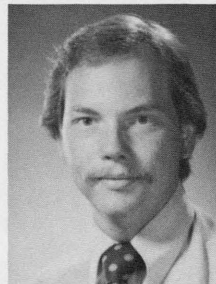
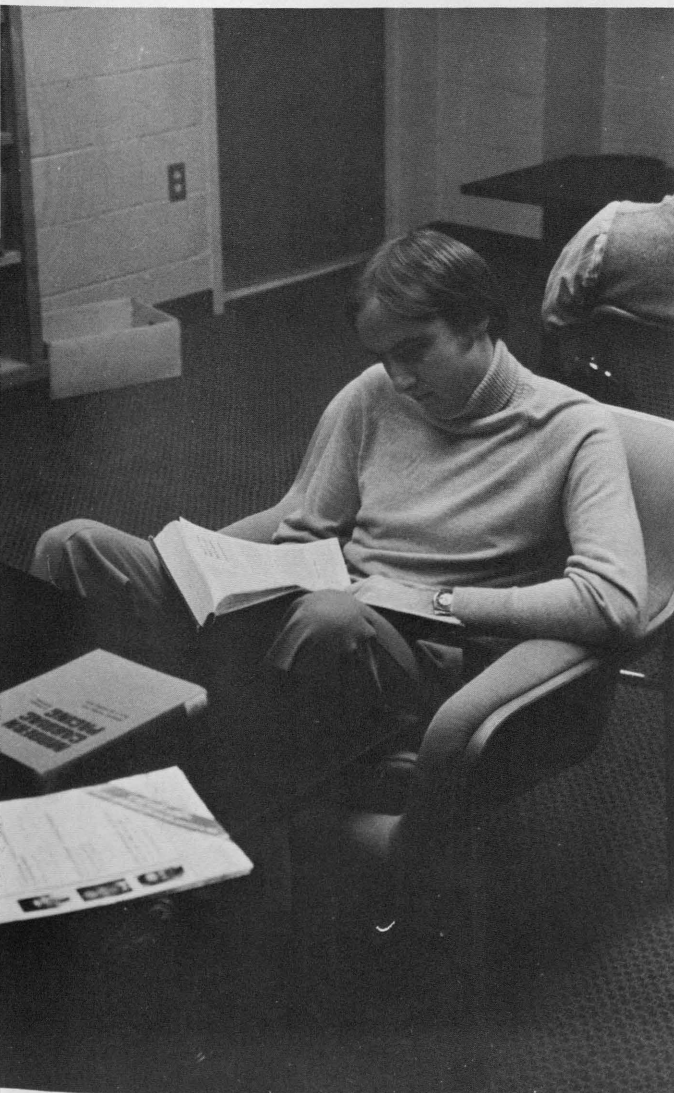




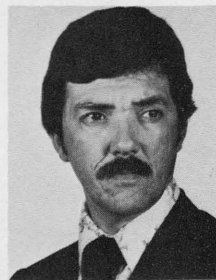
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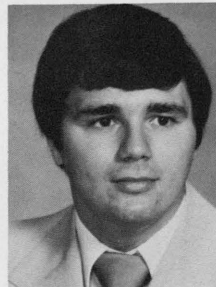
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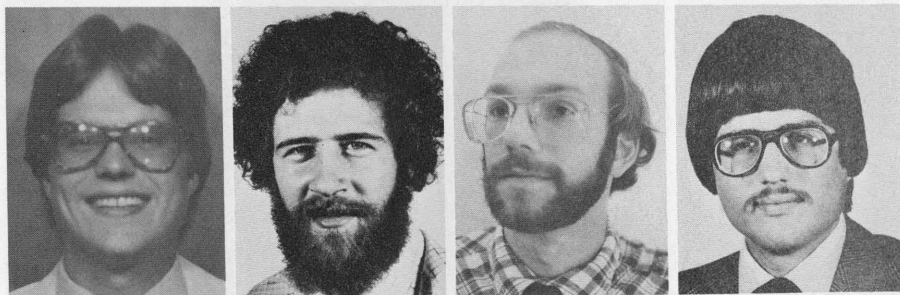


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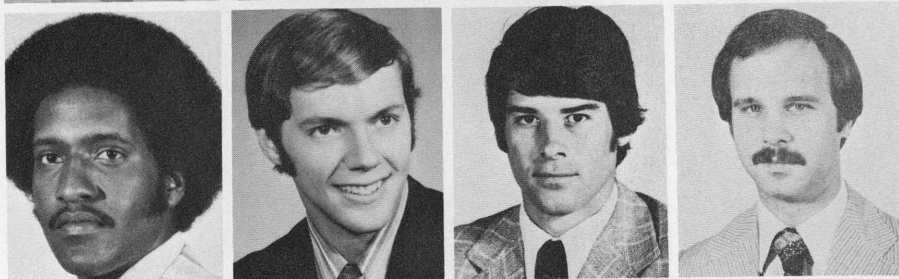


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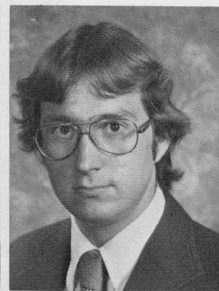
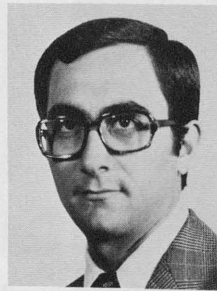


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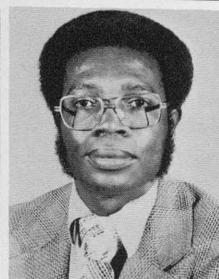
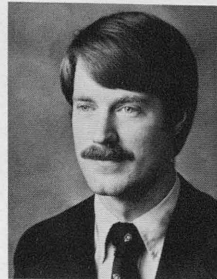


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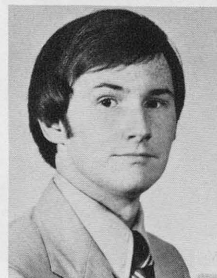




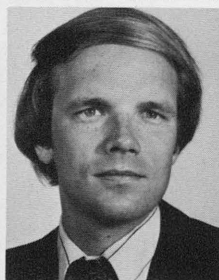
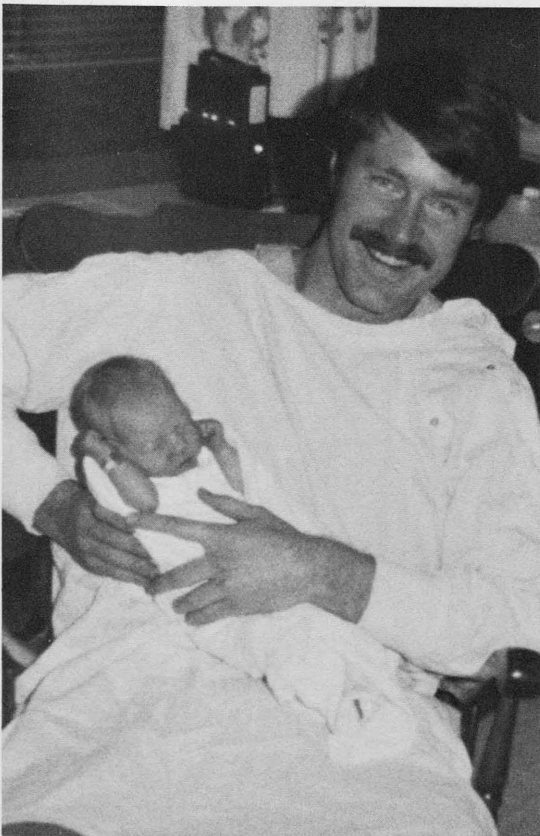
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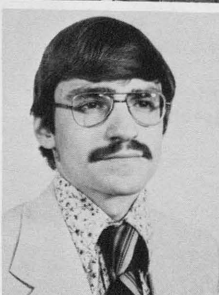
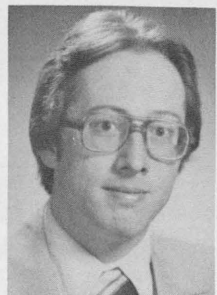
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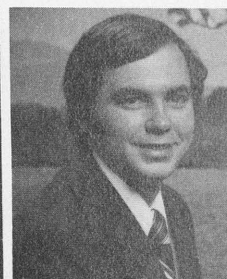
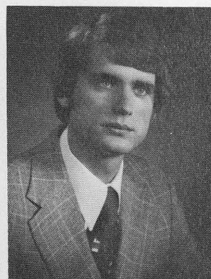
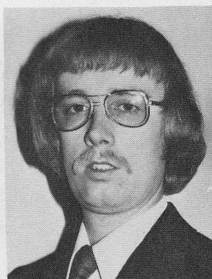
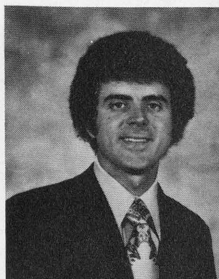


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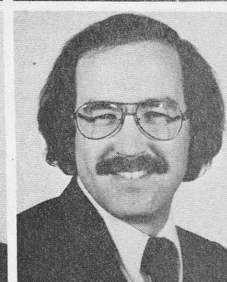
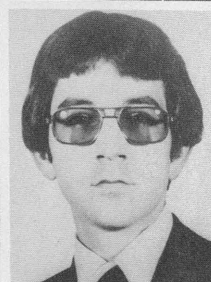
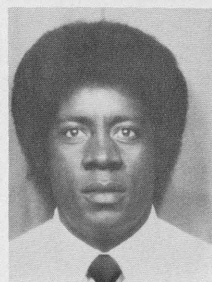


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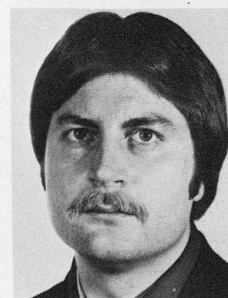
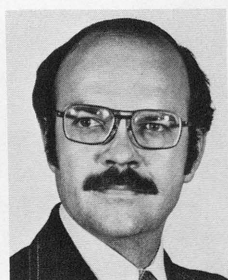
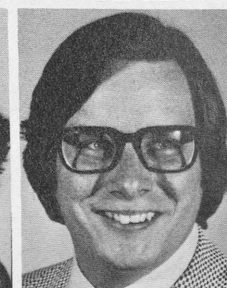
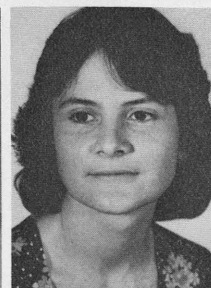
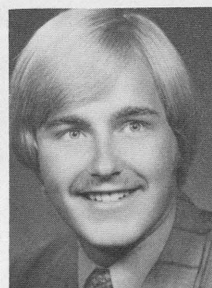
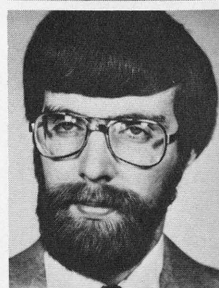
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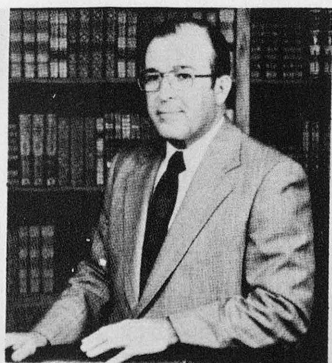
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